

VOLUME 4 NUMBER 1<sup>✓</sup>

APRIL 1945

# INTERNATIONAL JOURNAL OF SEX-ECONOMY AND ORGONE-RESEARCH

OFFICIAL ORGAN OF THE INTERNATIONAL INSTITUTE  
FOR SEX-ECONOMY AND ORGONE-RESEARCH

DIRECTOR: WILHELM REICH, M. D.

EDITOR: THEODORE P. WOLFE, M.D.



UNIVERSITETSBIBLIOTEKET  
OSLO  
20. JAN. 1978  
TIDSSKRIFTKONTORET

*Love, work and knowledge are the well-  
springs of our life. They should also govern it.*

ORGONE INSTITUTE PRESS



NEW YORK

qCb 841

THE INTERNATIONAL JOURNAL  
OF  
SEX-ECONOMY AND ORGONE-RESEARCH

*is published by the*  
ORGONE INSTITUTE PRESS  
*400 East 57 Street, New York 22, N. Y.*

SUBSCRIPTION, *\$3.00 per year*

EDITOR'S ADDRESS: *Dr. Theodore P. Wolfe,*  
*401 East 56 Street, New York 22, N. Y.*

*Make checks payable to Orgone Institute*  
*Press, Inc.*

COPYRIGHT, 1945, ORGONE INSTITUTE PRESS, INC.

PRINTED IN THE UNITED STATES OF AMERICA



FROM THE ORGONE AND CANCER RESEARCH LABORATORY

## ANORGONIA IN THE CARCINOMATOUS SHRINKING BIOPATHY\*

A Contribution to the Problem of Cancer Prevention

By WILHELM REICH, M.D.

The term *anorgonia* refers to those biopathic conditions which are characterized by a *block in plasma motility*. This disturbance of plasmatic functioning is unknown in orthodox pathology, though it is well known to the practising physician. The reason why this disturbance remained unknown to a mechanistic pathology is that it does not consist primarily in structural tissue changes or nerve tract lesions but in a *reduction of the total energy function* of the organism. Everyday language describes the condition in various terms. They refer to the emotional *expression* of an organism, such as "un-alive," "dead," "stiff," "contactless," "cold," etc. (in contrast to "alive," "sparkling," "warm," "having immediate contact," etc.), and render the immediate *impression* which another person makes on us. However, the concept of "anorgonia" which is here introduced for the first time means more than mere "contactlessness" or "unaliveness." It refers to a well-defined, heretofore unknown disease picture which I have found most outspoken in patients with cancer or with a cancer disposition.

Before describing the anorgonia in cancer shrinking biopathy, I must go back to a well-known finding of clinical sex-economy, the significance of which can be comprehended today much more

deeply than before the discovery of the orgone. I am referring to the undisturbed plasmatic functioning of the healthy organism and its counterpart, *biopathic falling anxiety* (fear of falling). Let us set out by summarizing what we have learned thus far about the falling anxiety in biopathic diseases:

Falling anxiety makes its appearance in every case of character neurosis or somatic biopathy at a time when the armoring is dissolved and orgastic sensations begin to break through. The "orgonotic sensation" is nothing but the subjective perception of the objective "plasmatic *excitation*" which, heretofore, in a mechanistic manner, we termed "vegetative current." The appearance of falling anxiety indicates with certainty that plasmatic excitations and orgastic sensations are beginning to function in the total organism. The signs of falling anxiety are various: dizziness, "sinking feelings," falling dreams, feelings of oppression in the gastric region, nausea. These and similar symptoms characterize the breakdown of the armor, which is accompanied by orgastic sensations, involuntary muscular spasms, hot flushes, tremors, itching sensations, etc. These biological symptoms are psychically represented as a generalized anxiousness and insecurity. Roughly speaking, then, the therapeutic process has to pass through the following stages: loosening of the armor, orgonotic sensa-

\* Translated from the manuscript by the Editor.



tions, breakdown of the armor, clonisms, falling anxiety, increased plasmatic excitation, orgasmic sensations in the genital apparatus.

If we proceed correctly in dissolving the armorings, the unpleasurable sensations gradually give way to a pleasurable perception of the body. Patients, after having gone through a series of clonisms, often state that "they never felt so well before." If, on the other hand, one does not correctly dissolve the armorings, layer by layer; if rigid armorings remain; if one lets the organotic excitations break through too immediately so that they hit on the still undissolved layers of the armor; then the patient is apt to react with a complete withdrawal into his old armoring. Afraid of the plasmatic excitations (pleasure anxiety), he increases his biopathic rigidity. Overwhelmed by increased quantities of mobile biological energy, the patient may experience states of disorientation, panic and even suicidal impulses. That much about the known clinical manifestations.

The falling anxiety may express itself more in the somatic or more in the psychic realm; usually, it is a combination of both. At any rate, the appearance of symptoms of falling anxiety indicates a *biopsychic crisis*, the first step in the direction of health in the sense of orgasmic potency. If the vegetotherapist knows the structure of the case, these striking symptoms of falling anxiety need not cause him any alarm.

However, the falling anxiety is harmless only in pure character neuroses. A number of experiences in patients with cancer or cancer disposition show that *falling anxiety may be the symptom of a fatal process. In these cases, it indicates a complete failure of the plasma function in the biological core of the organotic system.*

Obviously, it depends on the *depth* of the biopathic disturbance. The vegeto-

therapist must know whether he is dealing with a superficial disorientation of the organism occurring with the transition from rigid to freely mobile functioning, as in pure character neuroses, or with an oscillation of the total plasma function between *pulsation* and *non-pulsation*, as in the cancer shrinking biopathy. As always, these distinctions are not sharp; there are fluid transitions. It is important for the therapist to develop a feeling precisely for these transitions from the light to the severe syndrome of falling anxiety. Really, the cancer shrinking biopathy is nothing but a particularly severe form of character neurosis if, as we must, we mean by "character" the *biophysical* mode of reaction of an organism. The attitude of resignation can progress from superficial to deep layers of the biosystem and thus extend to the cell plasma function itself.

We shall now examine the biophysical mechanism of falling anxiety in the cancer biopathy. The attentive reader of an earlier case history<sup>1</sup> will have been struck by the great role played by the biopathic falling anxiety. That patient could have maintained the health which she had recovered had it not been for the tremendous falling anxiety which came with her sexual excitations. The patient had actually collapsed in my laboratory a short time after she had become free of cancer, symptomatologically speaking. Her legs had suddenly failed. From then on, she remained in bed. She developed a phobic fear of getting up, thus made further orgone therapy impossible and kept shrinking until her death a few months later. Basically, I did not understand her falling anxiety; all I knew was that it had been provoked by the sexual excitation. The experimental cancer cases I have seen since (1941 to 1944) all showed this falling anxiety with the same typical mani-

<sup>1</sup> Cf. The carcinomatous shrinking biopathy. *This Journal* 1, 1942, 131ff.



festations. As time went on, I recognized the manifestations more easily and began to understand them better. It was to be expected that further study of the falling anxiety would lead to therapeutic measures; this expectation was confirmed in two cases of cancer biopathy which came to treatment at a relatively early stage. All in all—besides in pure character neuroses—I studied the falling anxiety in 6 cancer cases and, in the phase of first development, in an infant of 4 weeks of age. These observations provided sufficient material to justify this publication. I shall not present any complete case histories but only those parts which refer to the diagnosis and to the falling anxiety. The falling anxiety observed in the infant will provide the key to the problem.

*Falling anxiety as the expression of plasmatic immobility*

I shall first summarize the findings which make the biopathic falling anxiety comprehensible as the expression of plasmatic immobility. The cancer patients observed had the following symptoms of plasmatic immobility in common:

1. *General physical debility*: slowing of all motion, tendency to avoid motion and tendency to remain lying in bed. It should be noted that the disturbance of plasmatic motility had, in every one of these cases, *existed long before there were the slightest signs of cancer*. In 3 out of the 6 cases, a slowing of speech and of all motions had existed since early infancy.

One patient (*cf.* footnote, p. 2) had the phobia in adolescence that "somebody was after her" in the street. *Her legs would fail her and she felt she was going to fall down*. Later, in her shrinking biopathy, the legs were first to show marked atrophy; her fear of walking was based mainly on the weakness of her legs. There was a transitory paralysis of the anal and urinary sphincters. It was a fracture of the *femur* (thigh bone) which

finally led to the fatal outcome. (The local cancer growths were at the 10th, 11th and 12th dorsal vertebrae and the 5th, 6th and 7th cervical vertebrae).

The patient gave as the reason for her keeping to her bed the danger of breaking her spine; I was able to demonstrate the fact that it was not a matter of a mechanically caused pain in the vertebrae but a matter of *falling anxiety*. It was possible to make the patient walk. During her good period she had walked around a good deal, in spite of the fact that the deformation of the spine was irreversible. Later, she was unable to move her legs and was afraid that if she were to move, some part of her body would break apart.

2. In all cases, falling anxiety is accompanied by a *disturbed sense of equilibrium*. This same phenomenon was observed in the case of the infant during the period of falling anxiety. The connection between the two phenomena is probably this: *The disturbance of the sense of equilibrium determines the falling anxiety*, and not vice versa. The falling anxiety is a rational expression of a biopathic disturbance in innervation, and not its cause. In several cases, it was indirectly fatal in that it prevented the continuation of the orgone therapy, encouraged the atrophy of muscles and the development of bed sores which contributed to the fatal outcome.

One of the 6 cancer patients—with a carcinoma of the prostate—was for some time, as a result of orgone therapy, free from local symptoms (urine clear, free of cancer cells and T-bacilli, no local pain, etc.), but the legs became atrophic and he developed a *functional abasia* (inability to walk). In this case, too, the motor reflexes were normal. I treated this patient with orgone therapy and a simplified vegetotherapy daily during 4 months each during the summers of 1942 and 1943; thus I had ample opportunity to ac-



quaint myself with the peculiarities of the paralysis. After the elimination of the local tumor of the prostate, the patient walked around and seemed to get better and better. He had no pains, his appetite was excellent, he gained seven pounds within a few weeks, was hopeful and even started to work. In the midst of all this progress, he suddenly collapsed *in the knees* one day and fell down. His knees had suddenly failed him "as if life had suddenly left the legs." From then on, he was unable to move his legs, he had to keep to his bed and soon there was a progressive atrophy of the muscles in both legs. Two months later, he lost control of the urinary and anal sphincters. There was a blunting of sensation in the legs and the perineum. There was no disturbance of tactile sensation, but the perception of pain stimuli was reduced. The urinary sphincter was spastic, the anal sphincter paralytic. He was unable to urinate and unable to retain his feces. The sensory disturbance was not sharply defined, that is, it did not correspond to a definite spinal segment. That it was not a matter of a central lesion in the spinal cord but of a *biopathic* paralysis of the plasma periphery was not only shown by the irregularity of the disturbance but even more by the fact that it was possible to reduce and finally to eliminate the paralysis. *Only in the course of the vegetotherapeutic treatment of the immobility*, that is, with the return of the ability to sit up and to move the legs, did the biopathic character of the paralysis become evident; only then did the falling anxiety and the disturbance of equilibrium make their appearance.

Before entering upon this, I have to counter some possible objections: One might have assumed that the disturbance was of a mechanical nature. This seems highly unlikely, for a lesion in the spinal cord, say, a tumor, would have led to a progressive increase of the disturbance;

the elimination of the disturbance by vegetotherapeutic means would have been impossible. A peripheral paralysis of the nerve was out of the question; true, there were pains similar to those seen in neuritis, but they could be eliminated by purely vegetotherapeutic measures. In addition, neuritis itself would have to be explained as a symptom. In the case of a mechanical lesion, either central or peripheral, it also would not have been possible to influence the disturbance of anal control. The disturbance fluctuated, however, with the total biopsychic condition of the patient. If he was in a good mood and hopeful, he was able to move his legs much more easily and extensively than at times when he felt hopeless.

The localization of the tumor in the prostate was immediately caused by 8 years of sexual abstinence. The later spasm of the urinary sphincter and the paralysis of the rectum were of a sympatheticotonic nature; it was the *immediate* basis of the carcinomatous degeneration of the tissue. From this center at the perineum, the biopathic paralysis extended to the legs. Thanks to the orgone therapy, the patient had not developed any metastases. The upper part of the body and the arms remained mobile and strong until the last. There was no cachexia except in the legs. One had to assume, then, that the location of the paralysis in the legs must have its specific reason.

During the summer of 1943, I worked with the patient daily in an attempt to mobilize his legs. At first, I loosened the spasms of the ankle musculature by passive motions, gradually extending the work to new parts. This procedure was very painful, but soon the patient became able to move his toes, ankles and knee joints. Then I proceeded to the musculature of the thighs and finally to the hips. After about 4 weeks of vegetotherapy he was able to move his knees and hip joints. Soon after, he was able to sit up in bed.



This gave him new courage and increased his cooperation.

Now I suggested his moving from bed to an easy chair. His reaction was peculiar: He seemed very enthusiastic, but when he was supposed really to do it, he became evasive: he wanted to wait a while, etc. There was no doubt that he was perfectly capable of sitting in the easy chair, since he was able to sit up in bed without any difficulty. Plainly, he was afraid of the transition from bed to chair, although he knew that he would be assisted by two strong individuals and that really nothing could happen to him. As a transitional measure, I suggested sitting on the edge of the bed. He showed some hesitation about this. We helped him and supported him; but as soon as his legs swung freely, he experienced violent anxiety, became pale and broke into a cold sweat. It should be noted that he did not have pain of any kind but *merely anxiety*. After half a minute he implored us to be allowed to lie down again.

This was exactly what I had witnessed in my first cancer patient. I asked him to give me an exact description of the sensations which caused him to implore us so pitifully to be allowed to lie down again. He said he had a great feeling of insecurity, that his body, from the hips down, felt *numb*, "*as if it didn't belong to him*," as if "*it might break any moment*." He had a deadly fear that *he might fall or that we might drop him*, and then his body would break. In this connection, he remembered a peculiar condition from which he had suffered between the ages of 6 and 18: It often happened, when he was working in the woods, that *his knees and thighs failed him suddenly so that he collapsed or had to sit down suddenly*. No physician was able to interpret these states of weakness.

Now we understood that the later anorgonia of the lower part of the body was based on this anorgonia which had de-

veloped in childhood. That is, the anorgonia preceded the cancer disease by some 60 years. The mechanisms of such anorgonotic attacks of weakness is obscure. It may be relevant to mention the fact that the patient's mother had died shortly after his birth; he was brought up by foster parents who showed him little if any love and made him work hard even as a child.

The dulling of sensations in the lower part of the body had been eliminated by vegetotherapy except for a spot of about two square inches at the penis root. All stimuli were perceived. There was no pain with movement; lying on his back in bed, he could move all joints without pain and often even made dance-like movements with his legs. All the more baffling, therefore, was his violent anxiety which occurred with sitting up and having his legs dangle over the edge of the bed.

Now I had him practice sitting on the edge of the bed for a minute or two several times a day. This helped. After a week of this, his falling anxiety had been sufficiently reduced so that we could get him into a wheelchair and take him outside. The falling anxiety seemed to have been overcome. By lying in bed for months, and as a result of the atrophy in the legs, he had lost the *feeling of his body, and with that the feeling of equilibrium*, but had partly regained it by getting used to sitting up, so that the falling anxiety disappeared.

If we translate the process into the language of orgone biophysics, we may say the following: The biopathic shrinking process had almost extinguished organotic motility and, with that, the organ perception. This allows the conclusion that the *organ perception is an immediate expression of the motility of the organ plasma*. The *loss* of organ perception results logically in the sensation that the body is something alien, and in the fear of



falling and "breaking." The sensation of numbness in the presence of sensory-motor reactions admits of only one interpretation: *The numbness is the subjective perception of objective orgone immobility in the affected parts.* It is accompanied by a sensation similar to that in an arm or leg which "has gone to sleep" and that of "ants crawling" over the limb. The anorgonia of our patient differed from an acute numbness only in its duration and its biopathic background. Otherwise, the symptoms were the same.

The question arises: Does anorgonia consist in a *decreased orgone content* in the tissues, or in an *immobility of the tissue orgone* without a change in quantity, that is, a reduction of orgonotic pulsation? We shall postpone the answer to this question.

The patient felt well for several months, even regaining rectal control. Then, with bad weather, he experienced violent pains. A physician gave him injections of snake venom to combat the pains, and a few days later the patient died. Probably, he would have died anyhow, for the carcinomatous shrinking had been deep-reaching. However, it goes without saying that orgonotically weak tissue poorly tolerates poisonous drugs. For this reason, we have come to regard drugs with a sympathetictonic effect or which damage the tissue as contraindicated, even though they may alleviate pain. Instead of eliminating the anorgonia, they increase it.

I shall proceed to the description of another cancer patient who also died subsequently. The tumor, histologically a sarcoma, had developed in the right shoulder (deltoid muscle). The tumor receded under Xray treatment; this also resulted in a third degree burn of about 8 inches square. This was bad prognostically. The general biopathic condition was also alarming. The skin all over the body was pale and clammy. The legs were cold and showed a condition which we now

know as anorgonotic: livid coloration, clamminess, no perceptible orgone field. The patient was a quiet, resigned character. He felt that he had missed his chances in life and had achieved nothing. He was particularly worried about his pelvis which he felt to be "numb, like dead." As long ago as a year *before the appearance of the tumor* he had considered coming to me for vegetotherapy, but because of the rumor spread by some psychoanalysts that I was crazy he had refrained from doing so. When, later on, the appearance of the tumor confirmed his old apprehensions, he decided to come to me for orgone therapy after all. It is difficult to say whether in this case the irresponsible talk of rumor-mongers has cost a human life; but it is more than possible that a year earlier the patient could have been saved.

In the course of four months of orgone therapy and vegetotherapy, the patient made good progress. Gradually, he became less reserved and even became able to break out in anger which he had never been able to do. Under the influence of the orgone, the Xray burn healed rapidly. The patient gained weight, improved his neurotically complicated family situation and rapidly approached the point where the orgasm reflex was to appear.

It was clear why the tumor had become localized at the right shoulder. Ever since he could remember, his right arm had been "weak." He felt that the impulses in the right arm never had really come through. The right shoulder blade was pulled back more than the left. In the 12th session, violent beating impulses in the right arm broke through; but it took a long time before he could really let himself go and hit. *As soon as a beating impulse began to break through, the patient developed a severe spasm of the glottis.* The voice and the breath were cut off, the patient looked as if he were going to choke. His face assumed a dying



*expression.* The eyeballs were turned up, the skin became pale and livid, respiration shallow, and the pulse thin.

This syndrome had heretofore remained hidden; vegetotherapy had brought it to the surface. In a milder form, these manifestations had been present for *decades*. The patient recognized that his resignation was in part due to the fact that as a small boy he had never succeeded in holding his own in fights with other boys. *As soon as he tried to defend himself and to start hitting, he became short of breath and felt choked in his throat.* This rendered him impotent and cowardly. Naturally, this injured his pride and he soon resigned. He became cowardly, submissive, evasive, and ashamed of himself for this reason.

Let us keep this biopathic reaction of our patient in mind. We shall meet it again at the end of his life and shall understand the gigantic significance of the biophysical structure for life and death. The fact should be emphasized that this patient does not represent any extraordinary case but a *typical* one.

The glottis spasm and the dying attitude turned into the patient's typical reaction to any progress in the treatment. His pelvis, as he said, was "dead" when he came to treatment. Gradually, the orgasm reflex developed, but it was mechanical, without orgonotic sensations in the pelvis. With the working through of the infantile masturbation anxiety, there was some improvement, but the anorgonia of the pelvis remained. We both had the impression that this pelvis had never been "alive," as if it were "hopelessly dead." It was not without reason that, for many years, it had been his most serious concern. When he first heard of vegetotherapy, he knew immediately that it applied to his case.

After several weeks of sustained effort to mobilize the pelvis, a spontaneous pelvic movement *forward* with strong orgonotic

sensations suddenly occurred one day. That is, in the depth the orgonotic motility was still alive. But the patient's reaction was so violent that suddenly I understood the *depth* of the anorgonia.

After the pelvic contraction, he immediately fell back into the "dying attitude." The glottis spasm now was so severe that he could hardly get his breath. Several days later, several spots on his shoulder, in the region of the X-ray burn, began to swell.

The vegetotherapist is quite familiar with spastic reactions to newly mobilized plasma current. It cannot be expected that the orgasm reflex should develop without spasms. On the contrary, every new advance to plasmatic streaming in the biological core provokes ever deeper anxiety reactions, sympathetico-tonic states at the place of the breakthrough, the return of previously dissolved muscle spasms, etc. This we count on in every case.

In the cancer shrinking biopathy, this process is more complicated. Here—in contrast to other biopathies—the anorgonia works in the biological *core* and therefore can lead to a complete block of pulsation. Clinical experience leaves no doubt about this. Thus, one is never far from a cessation of the life functions. The problem, then, is whether and how quickly one can play the function of expansion against the anorgonia. The cases yet to be described will bring some clarity here.

To return to our case: Repeated blood tests showed that his biological progress continued. When he came to treatment, his blood was extremely orgone-weak: 70% hemoglobin, 99% *T-reaction*, disintegration of the erythrocytes *in seconds*, etc. After 6 weeks of orgone therapy, the blood was normal: 84% hemoglobin, *almost 100%* *B-reaction*, disintegration of erythrocytes in 30 minutes, full orgone margin of the red blood cells.



The complex nature of the cancer biopathy is again shown in the fact that neither the surgical removal of the tumor nor the re-establishment of the full orgonity of the blood were sufficient to halt the shrinking of the autonomic life apparatus. Nor could the prevention of the cachexia, the loss of body substance, which succeeded by orgone therapy, prevent the fatal process. *The patient died without cachexia and with healthy blood.* An authority in the field of mechanistic cancer pathology found this to be true, to his great amazement.

The reader will understand why, in my presentations of experimental orgone therapy, I keep repeating that, though we are *on the way* to an elimination of the cancer scourge, there still are many, and *deep-lying*, disease mechanisms still to be understood and mastered. In view of this complex nature of the cancer biopathy, it is strange to read in newspapers and magazines, about once every week, about a new chemical which promises to cure cancer. Radical cancer therapy is going to be much more difficult than that.

All the more peculiar is the attitude of traditional pathology which not only approaches cancer with erroneous premises, not only gets stuck in the local symptom, but which, in addition, seems to be so enmeshed in hopelessness that it seems not to take cognizance of the fruitful efforts of orgone biophysics. I repeat: seems to. It may be that its silence about sex-economic cancer research is just an attitude of waiting. In other aspects of our work, too, we often feel as if we were speaking in a large empty hall the walls of which are full of ears but without speech. This should not discourage the friends of orgone biophysics: One day what orgone biophysics promises today will be distinctly heard.

The therapeutic situation of our patient was the following: His anorgonia was

marked; in his character, he had a strong tendency to resignation; at the time of treatment, he had no tumors, but his plasmatic motility, which alone could save him, was greatly reduced; it had just, for the first time, reappeared to any appreciable degree; to this, he had reacted with severe orgasm anxiety, in particular, with a violent glottis spasm.

He took lessons in vegetotherapeutic gymnastics in order to liberate his body motility. One day, he slightly wrenched a muscle in his left buttocks. Three weeks later, a small tumor appeared at this spot which gradually, in the course of another three weeks, grew to the size of a child's head. He could still walk, but now his *tendency to lie in bed* appeared again. He stayed in bed until his death. While the tumor at the left hip ceased to grow, the small swelling at the right shoulder began to grow again.

One day, there were difficulties in urinating, and, exactly as in the patient described above, the perineum and the root of the penis became "numb." An Xray series of the whole body revealed that—apart from the two tumors just mentioned—there were no metastases in any of the inner organs. This is an astounding finding in the case of lymphosarcoma. There were some swollen glands in the right inguinal region and in both axillae. The right shoulder became more and more threatening. The attacks of glottis spasm became more frequent. An edema developed over the whole right arm, up to the first rib. The voice became hoarse, and there was an increasing danger of death through suffocation as a result of glottis edema. The surgeons had no suggestion to make with regard to the edema. Puncture of the tumor at the hip revealed malignant small cells.

The numbness in the genital region could again and again be eliminated, so that the use of a catheter could be avoided.

*One day the patient developed a con-*



*tinuing glottis spasm which led to his death by suffocation.*

Like the other cancer patients, this patient also did not die from the local tumor, from weakness, heart failure or cachexia. *The immediate cause of death was the glottis spasm which the patient had developed decades before the appearance of the tumor.* The location of the tumor, and the later edema, at the right arm was unequivocally determined by a chronic biopathic impulse inhibition in the right shoulder.

We understand the *immediate* cause of death, and the development and function of the glottis spasm in connection with his genital anorgonia which had caused the patient so much concern. We also understand the rapid relapse as a reaction against the first intense plasmatic currents. What remains to be understood is the *biopathic mechanism in the tissues of the right shoulder* which resulted in the edema. The Xrays showed the tumor at the right clavicle to be the size of a small apple. That is, the edematous swelling of arm and shoulder were not due to the tumor growth. "Clogging of the lymph passages" may explain the edema formation in part, but certainly not in full. One can assume that the edema of the tissues impeded the flow of the tissue fluids as well as the opposite, that a clogging of the lymph passages with tumor substance caused the edema.

In the place of a purely mechanical interpretation of the edema in cancer patients, I would like to attempt a *biophysical* interpretation: this, I believe, is more in accord with cancer biopathy than the simple mechanics of the "clogging of passages." There are a sufficient number of ramifications and secondary passages to allow the flow of the fluid from the tissues. There must be something else at play here.

There is edema in starvation. Certainly, there are no "clogged lymph passages" in

this case. Nevertheless, there is edema. There is edema of the gums in the case of toothaches. Here, again, there are no clogged lymph passages, and yet, there is the edema. There is edema of the legs in pregnancy. If this edema were mechanically caused, then all pregnant women would show this edema, which is far from being the case. There is edema in burns and inflammations, where there is no clogging of passages.

Hoff writes, in L. R. Müller, *LEBENSNERVEN UND LEBENSTRIEBE*, 3rd ed., p. 753f.:

In all cases of paraplegia of long standing one finds edema in the legs, due mostly to the impairment of circulation resulting from the lack of motion. In two cases, however, Böwing found, immediately after the spinal injury, such an extensive edema of the legs that one had to assume the existence of a trophic damage to the vessels. Marburg and Rance made similar observations in patients with bullet injuries of the spine. In hemiplegia, we have seen an edema of one side of the face appear together with a paralysis of the facial nerve. These observations also help to understand the angioneurotic edemas described by Quincke. *We do not yet understand in detail how, in these cases, a disturbance in vegetative vascular innervation leads to edema* [italics mine, W.R.]. According to the findings of Ascher and his school, however, it is probable that the vegetative nerves can influence the permeability of the membranes and with that of the walls of the capillaries . . . Unilateral edemas on the side opposite to the brain lesion are not rare where the lack of motion alone is not sufficient as an explanation. Böwing observed *the formation of vesicles on the skin, thinning of the skin with a shiny appearance, changes in the nails and increased growth of hair* on the paralyzed side. In psychotic patients with organic brain changes, Reichard often found trophic skin lesions, in particular, *ulcers*, which could be explained neither by emaciation nor by injury through pressure.



To return to the edema in cancer. Observations in cancer patients, taken together with the above-mentioned non-carcinomatous edemas, permit the assumption of a *functional, biophysical* causation of the edema. The movement of body fluids is not a mere mechanical function. It cannot be assumed that the lymph glands and lymph vessels are rigid, that, in other words, the motion of the lymph takes place purely passively and mechanically. Rather, one must assume that all organs, including nerves, vessels, lymph passages and tissue cells, are contractile, that, though in different rhythms, they *pulsate*.

The life functions of the various organs are based on their pulsation. We must be *consistent* in the application of our functional concepts. Each organ, independently of the total organism, forms a *living unit*, having perception and the ability to react to stimuli. This has been demonstrated unequivocally in extirpated organs, such as heart, intestine, bladder, etc. We must assume, then, that each organ reacts to injury and disturbances of function in the same way in which the total organism reacts to disturbing stimuli: The living reaction to disturbances in function consists either in an *intensification* of the specific function, for the purpose of *destroying the disturbing stimulus*, or else a *withdrawal from the diseased organ*. Examples of the first mode of reaction are: processes of regeneration and of inflammation, increased blood temperature, etc., as well as the formation of PA bions and cancer cells as a defense against cancerous tissue disintegration (cf. "Experimental orgone therapy of the cancer biopathy," *This Journal* 2, 1943, 1ff.), and the destructive anger reaction.

*Anorgonia* belongs to the second mode of reaction to disturbances of function. While the first reaction is one of fight against the injury, the second is one of *resignation*, or, in different terms, one of

isolating the injured part from the still healthy organs. The isolation of diseased parts is known in pathology in the form of sequestration, i.e., the expulsion of a diseased bone part. In the animal world, one knows the elimination of a diseased member, for example, a leg, by biting it off. The counterpart of biophysical isolation of diseased parts is inflammation with *regeneration*. Where regeneration, that is, plasmatic growth reaction, is no longer possible, isolation takes place.

This isolation of the diseased organ is readily observable in cancer patients. It is characterized chiefly by a withdrawal of the autonomic nerves and a cessation of their pulsation. This explains in a simple and logical manner a number of secondary symptoms: the local *anemia*, the *numbness*, the excess of  $\text{CO}_2$ , and, finally, the *atrophy* of the cell substance. We see severe *ascites* occur in cancer of the stomach or the ovary where one cannot speak of a mechanical clogging of drainage. This leads to general disturbances of function such as intestinal paralysis and thus accelerates the fatal course. I believe that the main factor in inhibiting the movement of body fluids in the region of the diseased organs is the *anorgonotic block of motility* in the autonomic nerves. With that, the edema is explained functionally. In edema and similar anorgonotic conditions, we are dealing not with mechanical, chemical or physical functions, but with specific *orgonotic* life functions.

Are there experimental proofs for this orgone-physical assumption? To begin with, vegetotherapeutic and orgone-therapeutic experience shows that anorgonotic conditions can be alleviated or eliminated. Since these two therapeutic methods are based on the premise that the *autonomic nervous system is contractile*, their practical results confirm the correctness of the assumption.

Furthermore, there are a great number of phenomena in classical physiology



which remain incomprehensible without a knowledge of the *orgone-physical* functions. One of these, for example, is the normal function of resorption in the intestines. The course of an edema which was caused by local anorgonia depends on whether or not the fluid of the edema can be *resorbed*. This in turn depends on the organotic potency and the pulsation of the respective tissues. Let us summarize the known processes of intestinal resorption:

The nature of resorption is an important and, according to the physiologists, a completely obscure problem of mechanistic physiology. The problem is this: *Does the resorbing membrane of the intestinal wall act like a dead membrane or do the cells do active work?* The processes in living tissue often contradict the purely physico-chemical processes in semi-permeable membranes. *The resorption of food through the intestinal wall cannot be ascribed to osmosis.* Heidenheim<sup>2</sup> made the following experiment: He took blood from a dog, opened his abdomen and introduced the dog's own blood serum into an empty intestinal loop which was closed off at both ends. It was shown that the dog *resorbed his own serum*. Since, in this experiment, there is *no difference in concentration between intestinal content and tissue fluid*, the purely mechanical processes of diffusion and osmosis cannot have a part in the process of resorption. The physiologists then tried to explain resorption—which cannot be explained by the principle of osmosis or that of diffusion—by the *work done by the intestinal muscles*. They assumed that in this experiment the intestinal muscles, which can exert a pressure on the intestinal contents from all sides, pressed the serum *mechanically* into the blood; they made it filter through the intestinal membrane,

as it were. Relevant experiments showed that this assumption was erroneous. Reid used as diaphragm pieces of small intestine taken from a freshly killed rabbit. He separated *two spaces which were filled with the same kind of salt solution*, that is, *isotonic* spaces. It was shown that these pieces of intestine transported the solution for some time from the mucosa side to the serosa side. In the words of Höber, then, the *intestinal wall itself* did the work: "It sucks or presses the solution through itself." Höber adds:

After some time, apparently when the intestinal wall dies, but also when one chloroforms it, it fails; this proves *that it depends on the viability of its cells* [italics mine, W.R.]. How is this to be explained? A logical hypothesis is the following: The intestinal villi contain smooth muscle fibers which shorten them; furthermore, the lymph spaces in the sub-epithelial reticular connective tissue open into a central chyle vessel which leads into the deeper, larger lymph vessels which carry chyle, that is, intestinal lymph. Since the villi are alternately erected and shortened by the periodic activity of the muscles, a sucking and pumping effect comes about; for the villi do not get thicker when they shorten, so that the space of the central chyle vessel becomes alternately smaller and larger . . . If this mechanism of a "villus pump" actually operates, then we understand the puzzling experiment of Reid's. In this case, we have to admit unequivocally that vital activities take part in the process of resorption; but the problem which then remains to be solved is none other than that with which any muscle contraction confronts us.

As we have seen, *the mechanistic interpretation of the function of resorption*, of the movement of fluid through the intestinal wall, fails. The mechanical functions of osmosis and diffusion fail in the explanation of living phenomena. After

<sup>2</sup> The following data are taken from Höber, *LEHRBUCH DER PHYSIOLOGIE DES MENSCHEN*, 7th ed., 1934, p. 69ff.



having tried in vain to uphold the mechanistic viewpoint, Höber continues:

But there are also observations which are strictly at variance with what one would expect according to the laws of osmosis and diffusion. O. Cohnheim, for example, showed that when a cephalopod intestine filled with sodium iodide is suspended in ocean water, all NaI is expelled into the surrounding solution. In dogs it can also be shown that, under certain conditions, the NaCl content of a solution in the intestine becomes *less* during resorption than that of the blood plasma, that, in other words, the NaCl *does not wander according to the potential of concentration*. [The NaCl, then, does not wander, as one would expect, from the higher to the lower concentration, but from the lower to the higher concentration! W.R.] This is an achievement comparable to that of bringing a gas from a lower concentration, that is, from a lower pressure, to a higher one. This is an achievement which also takes place in other organs; for the achievement of concentration is typical of many glands . . . This proves again that the *living cells take an active part in resorption*.

This admission contributes nothing to the solution of the problem which was correctly formulated by mechanistic physiology. Mechanistic physiology leaves us in the lurch when it comes to understand *in what manner* and according to *what energy laws* the living cells perform their work which is at variance with the mechanistic laws of potential drop. The known laws of mechanics do not apply here. Does orgone physics give a better answer? It is the following:

1. According to the law of orgone physics, the stronger organotic system always attracts the weaker system. It follows that the intestinal wall can absorb the intestinal contents, but not conversely, the intestinal contents the fluids of the intestinal wall. The movement of the

fluids in one direction and only that direction, then, is determined by the law of *orgonotic* functioning. The bions of the foodstuffs in the intestine are extremely weak organotic systems compared with the organicity of the intestinal wall. This law of organotic functioning was derived from direct observation, and not by any means thought up for the explanation of biological phenomena. Only after it had been discovered at the *orgone accumulator* was it, secondarily, and successfully, applied to biological processes. The attraction of the weaker by the stronger organotic system applies in the living as well as the non-living realm of functioning.

2. The circulation of the blood and the body fluids depends on the *intensity* of the function of pulsation in the organs. The more "alive," that is, the more active an organism is, the more intensive its organotic pulsation is, the more rapid and complete is the metabolism of the body fluids. Increase and decrease of metabolism are vegetative life functions which are immediately dependent on the general pulsatory activity of the organs. A "*decrease in vitality*" is orgone-biophysically understandable as a *decrease of organotic motility* which may go as far as complete anorgonia. Seen from this standpoint, the edema with a toothache, in starvation, in nerve injury or in burns, in many pregnancies and in circumscribed cancer tumors, develops for *one* essential reason:

The pulsatory activity of the respective organ or region is decreased; this results in a slowing of the movement of the body fluids. In the region with decreased pulsation an accumulation of fluid takes place; more fluid flows into the diseased region than flows from it.

The pulsatory activity of an organ depends, first of all, on the activity of the autonomic nerves. Thus, the immobilization of autonomic nerves in any part of



the body must result in a cessation of the movement of body fluids. This makes readily understandable the formation of fluid-filled vesicles in the case of burns, as well as the formation of various kinds of edemas.

To return to our cancer patient: Since childhood, he had suffered from an inhibited motility in his right arm and in his speech organs. This inhibition of motility, together with the corresponding spasms and local anorgonia of the tissues, had led to the local tumor in the right deltoid muscle. Back of this local anorgonia was his general character trait of resignation which had reference particularly to the pelvis and the genital. To this corresponded the local anorgonia of the genital apparatus which toward the end led to a paralysis of the bladder function. In these two anorgonotic regions there developed edemas due to the blocked motility of the autonomic nerves. Death took place through suffocation due to glottis spasm.

We shall now proceed to another case which demonstrated the anorgonotic paralysis particularly clearly. As a child, the patient suffered from a sore throat (suspected diphtheria) which was followed by a slight cardiac weakness. Menstruation began at the age of 12 and was normal in the beginning; later, there were always, on the first day, violent cramplike pains in the region of the left ovary. Neither hot compresses nor drugs helped. The left side of the lower abdomen remained a "weak spot" in which violent pains kept recurring. At the age of 16, the patient started working in an X-ray laboratory. Three months later, she felt poorly, suffered from nausea, palpitations and loss of hair. A physician prescribed arsenic which, however, she tolerated poorly. The cardiac complaints became worse. At the age of 17, she was found to suffer from severe anemia, swelling of the breasts and disease of the

ovaries. The pains in the region of the left ovary kept getting worse. Different physicians made different diagnoses, such as "inflammation of the ovary," "spasm of the uterus," etc. All medication was of no avail. Two years later the patient found that her left leg tired very easily, and a phlebitis appeared. Every year, the patient suffered three or four times from "grippe," at which time the weakness in the leg and the "phlebitis" always increased. Soon, there were pains in the lower abdomen. After the delivery of a child the swelling in the left leg became worse and her whole body became sensitive to pressure. Her physician found anemia: 3.2 millions of erythrocytes and 56% hemoglobin. Different kinds of treatment were tried, to no avail. The case history shows that the many physicians who were consulted conflicted with each other both as to diagnosis and therapy. At various times, the patient had been treated with diathermy, liver injections, heat treatments, and evipan.

#### *Blood examination.*

The orgone-physical examination of the blood revealed a peculiar picture which I had never seen before: *Hemoglobin* was 95% while at the same time the blood culture was strongly *positive* and the *T-reaction* almost 100% as shown in the autoclavation test and in the Gram stain of the blood colloid. Microscopically, the following was striking:

Although the autoclavation test pointed to an extreme orgone weakness of the erythrocytes, they showed, microscopically, *no shrinking* and *no premature bionous disintegration* (disintegration in 20 minutes); on the contrary, they showed a *wide, strongly radiating orgone margin*. What was particularly striking was that some erythrocytes were *far larger* than normal. In every field there were numerous large cells with smooth plasm, resembling macrophages. It was observed that the erythrocytes grouped themselves about



these large plasmatic cells at a certain distance, that is, without contact of the membranes; however, they formed strong orgone bridges. After a few minutes' observation, I had the impression as if the erythrocytes were tremendously *overcharged*. To this overcharge, which expressed itself in the color and size of the erythrocytes, corresponded their *extremely slow disintegration* in physiological salt solution: while normally the first bion vesicles appear in the erythrocytes after about 3 to 5 minutes, the erythrocytes of this patient showed no bionous disintegration even after 15 minutes. When it finally occurred, the resulting energy vesicles were extremely large and strongly radiating.

I shall summarize the peculiarities of the blood picture in this patient in such a manner as to make it understandable why I made the diagnosis of a *latent leukemia*.

In my article on the experimental orgone therapy of the cancer biopathy, I expressed the assumption that leukemia is not a disease of the white blood corpuscles, but of the *erythrocyte* system. My assumption was that the erythrocytes undergo a process of disintegration or putrefaction, and that then the white corpuscles increase in exactly the same manner as when there are bacteria or other foreign bodies in the blood stream. *The "foreign body" in leukemia is the disintegrating erythrocyte itself.*

The patient's blood picture showed the following contradiction: *Microscopically*, the erythrocytes were overcharged, radiating abnormally strongly. Autoclavation, on the other hand, showed inner putrefaction, that is, *almost 100% T-reaction*. It is difficult to harmonize the organotic over-radiation with the simultaneous process of putrefaction in the erythrocyte. However, we know many processes in the organism which consist in an exaggeration of normal biological functions and which

occur when the defense against pathological processes in the same organ requires this additional effort. The patient, then, suffered from a chronic, latent tendency to putrefaction in the erythrocytes. *To this putrefaction of the erythrocytes the organism reacted with an increase in white blood corpuscles, with the development of large, macrophage-like white cells,<sup>3</sup> and with temperature rises, that is, with frequent lumination of the blood system, to overcome the organotic weakness.*

As always, orgone therapy became the touchstone of my hypothesis. If my hypothesis was correct, the application of orgone energy would eliminate the tendency to putrefaction in the erythrocytes and the corresponding manifestations. My expectation was confirmed. As early as one week after the beginning of orgone therapy, the blood culture was *negative*. The erythrocytes were smaller than before and there were fewer white blood cells in the field. The disintegration of the erythrocytes began after 3 to 5 minutes, and this time there were also T-spikes.

Two weeks after the beginning of the orgone therapy, the large cells with smooth plasm had disappeared, and after another three weeks the T-spikes and the over-radiation. Three weeks later, the T-reaction after autoclavation—which on first examination had been almost 100% positive—was only 10-20% positive. The blood picture was almost normal. In the course of the following year, blood tests were made about once a month. The culture reaction remained negative, the over-radiation and the increase in white cells did not recur. But the T-reaction after autoclavation continued, in the form of a greenish discoloration of the colloid and

<sup>3</sup> A diagnosis on the basis of a stained smear is not possible in these cases. What matters here is not the name or the structure of the various kinds of white blood corpuscles, but the living function of the grouping of red cells around white ones, and the organotic constitution of the living and the disintegrated blood cell.



in the form of disintegration into T-bodies. In the course of this year, the culture reaction in bouillon was once positive; this happened after the application of drugs by another physician.

The *fever attacks* from which our patient had suffered for so long had to be understood as a *reaction of the blood system to its own tendency to putrefaction*. The blood had reacted toward its own organotic weakness as it would react toward a toxicosis. The proof of this lies in the fact that the fever attacks disappeared together with the hyporgonia and the T-reaction of the blood. It remains for further investigations to determine whether what is called "*functional or cryptogenic fever*" always is due to a *lumination* of the blood cell system, that is, a defense reaction against the disturbance of vegetative functions. In this case, the blood system reacted precisely as it does in the case of an infection with bacteria.

*The father of this patient had died of leukemia.* For some time, the patient had suffered from a suspicious leukocytosis. At certain times of her functional fever, she had a leukocytosis up to 14,000. Her physician, too, had suspected some kind of latent leukemia, although the customary methods of examination provided nothing to substantiate this suspicion. Our blood tests left no doubt about the *cancerous* character of the blood picture. True, there were no circumscribed malignant tumors, but numerous precursors such as tumors of the ovaries, putrefaction of the uterus, etc.

Personally, I have no doubt that the patient would have died of leukemia if the orgone therapy had not been successful.

There was, then, a latent hyporgonia of the erythrocytes. The course of the orgone therapy showed how deeply rooted this hyporgonia was, for it gave way only very gradually and there was a great tendency to relapse. In other words, *the*

*coherence of the plasma in the erythrocytes was weak, and the tendency to putrefaction correspondingly great.*

The attacks of weakness did *not* cease with the re-establishment of the *normal* blood reaction, although they became much less frequent, of shorter duration, and did not force the patient to keep to her bed for months. The anorgonia, then, could not be ascribed exclusively to the bio-energetic weakness of the blood system. Apparently, the anorgonia can affect special organs and organ groups and thus create disturbances in the respective organ functions and give rise to local malignant growths. But, as this case shows, the anorgonia may also exist without tissue disturbances, that is, in a purely functional manner.

Our patient was able to eliminate every attack of weakness by using the orgone accumulator. Nevertheless, the tendency to anorgonia persisted for over two years after she had become well.

We are dealing here apparently with a *disturbance of the functioning of the total body orgone, independent of any mechanical or physiological organ disturbances* which may accompany the anorgonia. It is necessary to assume the existence of such a total and independent anorgonia.

Anorgonia is not identical with the condition of plasmatic contraction which we find in vascular hypertension; true, it may accompany or follow muscular and vascular hypertension, but it may also appear *without* hypertension.

Anorgonia is not identical with the carcinomatous shrinking process, either; although the shrinking, in the last analysis, always leads to anorgonia and death, anorgonia does not necessarily lead to the shrinking. I have observed anorgonotic conditions in cases where there was no question of shrinking of the autonomic life apparatus.

The hypertonia of the life apparatus has



to be thought of as a biophysical contraction which fights against vigorous impulses originating from the biological nucleus. Shrinking biopathy is accompanied by a *decrease* in the impulses from the nucleus; there is a *gradual* slackening of the pulsatory impulse functions.

In anorgonia, on the other hand, we are dealing with a *sudden* failure of motility, as in fright paralysis which most likely represents *acute* anorgonia in the purest form. All the cases described so far showed the acute anorgonia *alongside* the gradual shrinking process: Our first cancer patient collapsed in the laboratory at a time when she was getting well and was gaining weight. The patient with the cancer of the prostate also collapsed one day during the period of getting better. Our third case, too, was suddenly overcome by anorgonia at a time when he was visibly improving.

Fright paralysis and vegetative shock suggest what we are dealing with: It is a matter of a *sudden cessation of the plasmatic functioning of the total organism*. If the acute anorgonia includes the cardiovascular system, death occurs.

Our patient disclosed a part of the mechanism which is the basis of the block of plasmatic motility. She came to vegetotherapy for the elimination of the biopathic background of her latent leukemia. For several months she made excellent progress so that she almost forgot about her illness. Then one day, suddenly, the old disease picture returned in its full strength, as if nothing had been achieved in the meantime. This was precipitated by the occurrence of vigorous but strongly warded-off genital impulses. At the moment when these impulses announced themselves in the form of sensations of streaming in the vagina, there was orgasm anxiety and with that an anorgonotic state which lasted about 10 days and appeared quite alarming. This time, however, I was not hopelessly surprised. My

earlier experiences with cancer patients had prepared me for this occurrence and I was able to take the appropriate measures. In concentrated vegetotherapeutic work—the patient came daily—I tried to eliminate the acute anxiety reactions which made the patient shrink from the *full experiencing* of her genital sensations and which made it impossible for her to let the orgasm reflex take its course. A wealth of infantile experiences which now were remembered showed that her mother had threatened dire punishment for any activity which might cause genital excitation, such as dancing, and had called such behavior that of a “whore.”

I would like to stress this connection. It forms the key to an understanding not only of the biopathies in general, but to that of the shock-like anorgonia in especial. Needless to say, it is not a matter of the word “whore,” but of everything which it represents socially, psychically, structurally and biophysically: Slight genital impulses which can always be controlled and repressed are not considered “whore-like,” either by compulsive social moralism or by the armored structure. It is the vigorous natural impulse in the form of an *uncontrollable surge (lumination)* of the body plasma which is officially designated as immoral, criminal or “whore-like” and which is subjectively experienced as “loss of self-control.”

This fact has far-reaching social and biopsychiatric consequences. The terms “pleasure anxiety” or “orgasm anxiety” are too weak and narrow to designate the bio-energetic storms which take place in an organism which is still armored and yet experiences the full orgasmic plasma excitation. The consequences of this conflict between armoring and plasmatic orgasmic excitation are extremely serious. They are a matter of life and death, far from being harmless “clinical problems.” I hope I shall succeed in conveying the full seriousness of this fact.



It was again and again the anorgonotic paralysis which killed my cancer patients who were already on their way to health. The three first-described patients all died at a time when they came up against the natural orgasmic excitation and plasma stasis. In the fourth case, I succeeded in averting the disaster. The fifth case, to follow, will set the danger of anorgonia into even sharper focus.

In this patient, the first signs of the disease began between the ages of 12 and 14, that is, in early puberty. The first sign was a pulling pain in the left hip which, intermittently, lasted for several years. Somewhat later, there were attacks of pain in the chest which recurred at very frequent intervals for about 10 years. The diagnosis was "*pleuritis*." An Xray of the lungs taken at the age of 22 showed "*healed tuberculosis*." At the age of about 13, generalized "*rheumatic and neuritic pains*" set in which, also intermittently, lasted for about 15 years. At the age of 12, a tonsil operation was done for "*tonsillar infection*." At the age of 15, there was an inflammation of the salivary gland (parotitis). At the same time, the patient suffered from violent pains in her big toes which often took on a livid discoloration; apparently, a matter of *angiospastic* attacks. The patient had suffered from severe anxiety states since early childhood; at the age of about 19, these increased to acute attacks of violent palpitation. At the age of 15, she had an "*infection*" of the jaw and the roots of her teeth, as a result of which a large part of the lower jaw, with 9 teeth, was resected. Now, the diagnosis was "*osteomyelitis*." Between the age of 16 and 20, there were various intestinal complaints, diarrhea alternating with constipation; also febrile periods and a general weakness and fatigability which continued up to the beginning of vegetotherapy.

At the age of 19, there was such an increase in the pain in both inguinal regions

that she was operated on, this time for "*appendicitis*." After the operation, she suffered continuously from high temperatures which were accompanied by "*diarrhea*." The attacks of diarrhea went with cold shivers. The condition ended in a "*nervous breakdown*."

Between the ages of 21 and 26, she underwent a second tonsil operation because of "*inflammation and infection*"; also a diagnostic laparotomy "in order to find out what caused the pains." The febrile temperatures continued. The diagnosis, again and again, was "*infection*." Between the ages of 24 and 27, the findings of "*anemia*" and "*enlarged liver*" were made. For a time, there were intestinal hemorrhages with every act of defecation. Two years later, a hospital diagnosed "*amebic dysentery*" and she was operated on for "*hemorrhoids*." At the age of 30, a third tonsil operation was done because of "*pus*." A year later, the patient developed an increased urge to urinate. She was again operated on, this time because of "*multiple benign tumors*", the body of the uterus and one ovary with a cyst were removed. Soon after this operation, "*gastric ulcers*" were diagnosed. Two years before the beginning of vegetotherapy, a pus-producing fistula opened in the middle of the abdomen.

The gynecological findings were as follows: Two finger introitus. Urethra, Bartholin's and Skene's glands free. Cervix in axis. Uterine stump freely movable, no stump exudate. Left adnexa cannot be felt, have apparently been extirpated at the time of the supracervical hysterectomy. The right tube is normal. The right ovary extremely small. Speculum examination shows severe inflammatory changes due to trichomonas infection in an atrophic vaginal mucosa. Of other physical signs I mention only the cystic mastitis.

The diagnosis of the gynecologist was "*dysfunction of the endocrine glands*" as the cause of the many infections.



Let us not go into the tragicomedy of this history of suffering. There is an infinite number of patients who, all their lives, go from physician to physician with their acute organic diseases, without being hypochondriac neurasthenics. Such patients receive not only different diagnoses on the basis of their different symptoms; also, different physicians treat one and the same symptom in various manners on the basis of different diagnoses. The mechanistic disaster in internal medicine is characterized by the fact that medical understanding has given way to diagnostic slogans, among which two stand out: "infection" and "dysfunction of the glands." Whether the knife or vitamins are used, the basis of the misery is always the use of mechanistic slogans. The bacillus "in the air" has become an imp no less than the chemical stuff in the endocrine gland. The knife in particular represents the extreme in the disastrous mechanistic view of the organism. One does not ask *why* it is that the ligaments in the parametrium become shortened, *why* it is that tumors develop in the uterus, *why* it is that "air bacilli" can settle in all kinds of organs; one blithely assumes an infection of the vagina with protozoa, although no such protozoa can be demonstrated "in the air"; in brief, the great medical discoveries concerning infection, internal secretion, etc., have been degraded into a ready-made scheme which not only blocks the way to new problems but which also destroys innumerable human lives. Is it reasonable to assume that this patient suffered from a dozen diseases? Certainly not. *In reality, she suffered from one single disturbance*, a disturbance of the function of plasmatic pulsation. The individual diagnoses are not important here. When the body plasma *as a whole* does not properly function, then there will be organs which are poorly charged, so that bacteria can settle in them; then the

glands of internal secretion will function poorly; then muscles will become chronically contracted so that they pull on ligaments; then the vaginal mucosa will undergo atrophy, etc.

Imagine a building contractor who, in the course of 20 years, makes the following findings in a house which was built on sand: cracks in the chimney and ceilings, warped floor, injury of a child by a falling lamp, break in a water pipe, and seepage of water through the walls. What would be done with a contractor to whom it would not occur that the house is built on unsafe ground and that this is the reason for all the disturbances? Yet, the mechanistic splitting up in the diagnosis of somatic diseases is in no way different from the procedure of this contractor. Mechanistic slogans like "infection," "grippe," etc., disguise the fact that the causative agent is neither known nor demonstrable. If, as a vegetotherapist, one sees colds, rheumatic pains, or pains in the pleura develop as soon as the respective part of the body becomes contracted, one must needs think of the possibility that infections may be the *results* of biopathic disturbances of function. This is an obscure field in which *everything* remains to be done. We will have to learn to consider the orgonity of the organism as at least as important in epidemics of cholera, typhoid, poliomyelitis, etc., as the specific micro-organism. Since it has been established as a fact that specific micro-organisms can develop *autogenously*, *through degeneration of body cells*, the "bacillus" takes its place in the general disease process as its *result* as well as its *cause*.

The tumors of the genital apparatus which necessitated the hysterectomy, and the tendency to tissue destruction through putrefaction, make this case similar to case 4. The attacks of fever and weakness point to a severe disturbance of the bio-



logical energy equilibrium. True, with the exception of the genital tumors, the precancerous symptoms were slight; nevertheless, they were marked enough to justify the contention that the patient would have died of full-blown carcinoma. Just as the psychiatric vegetotherapist assumes the development of a psychoneurosis when he sees acute anxiety attacks, so, in cancer pathology, can one foresee the development of a cancer biopathy when its precursors make their appearance. It will be one of the tasks of *cancer prevention* to recognize the precursors of the disease as early as possible and to eliminate them. This is possible by orgone therapy and vegetotherapy.

I shall now proceed to the patient's reactions in vegetotherapy: The thorax was immobile in the typical manner, respiration was shallow, the musculature of the neck tense, the spine lordotic, and the pelvis "dead." The facial expression was that of a grimace-like, stiff smile; it was not difficult to see a deep depression and impulses to cry behind this mask.

The dissolution of the superficial inhibition of respiration immediately resulted in body impulses composed of violently jerky, *pushing* motions. This pushing soon assumed the form of a hateful defense against a sexual attack, the face being distorted with hatred: *the orgasm reflex had assumed the function of expressing hatred of sexual motions*. Between the ages of 6 and 16, the patient had often been sexually abused by her older brothers. On these occasions, she had been excited and defensive at one and the same time. The excitation forced her again and again to allow it; the defense had become somatically anchored in the "pushing away." In this way, her orgasm reflex had assumed its special form.

I shall pass over the many details of the infantile history and confine myself

to the anorgonia. It is unimportant what early experiences caused the anorgonia, since there are *no specific* experiences which do so. Anorgonia is a purely biological reaction to a chronic block of the orgasm function. What is likely to be *specific* in anorgonia is the conflict between *very vigorous* natural genital impulses and equally vigorous *disruptions* in the course of the orgasm reflex. I would like to venture the assumption that children who do not develop a particularly strong genital orgonity will also tend less to anorgonotic states; this assumption, I would like to emphasize, is very tentative. But to return to our patient.

As long as the body contractions had a hateful character, the work proceeded in the usual manner. This changed, however, when the contractions became softer, more "giving in," and consequently *pleasurable*. To the extent to which the expression of hatred disappeared and the motions became pleasurable, the movement of the pelvis changed its direction. Previously, the pelvis would move *backwards* during the contraction, would "push away." Now, *forward* movements appeared in the pelvis. As was to be expected, preorgastic sensations soon appeared in the pelvic floor. At the same time the inflammation of the vaginal mucosa receded; microscopic examination of the vaginal secretion showed a reduction of the trichomonas parasites, most of which were immobile or even disintegrating. From then on I could see over a period of months how genital coldness went with an increased formation of protozoa, while, conversely, genital excitation went with a decrease in protozoa formation. This is fully in accord with the orgone-biophysical contention that protozoa form in the organism only in the case of orgonotic weakness in the respective organs, and that they disappear with strong orgonity. Since the trichomonas



protozoa develop from bionously disintegrating vaginal or cervix epithelium,<sup>4</sup> the relationship with the orgonotic potency of the tissue is understandable.

As long as the plasmatic currents in the vagina were weak, the course of treatment did not differ from the average. This changed, however, when the patient felt the first strong surge of sexual excitation. One day, she gave in more than usual, and a strong wave of excitation appeared in the lower part of the body. Suddenly, *she was unable to move or to talk; she did not answer when spoken to; she was unable to get up; there was a flaccid paralysis of the limbs*. The picture as a whole was alarming: The skin of the neck and the upper body was bluish and patchy as in vegetative shock. The body did not react to such stimuli as pinching. However, the patient was not unconscious; after the anorgonotic attack she related that everything around her had been "black," that suddenly she no longer felt her body and had thought she was "dying."

The attack corresponded to acute anorgonia. The reflexes, as well as tactile and pain perception, were present, but *motility was lost*. The anorgonia lasted for about 40 minutes. I helped the patient to sit up, but she sank back helplessly. After an hour she was able to get up by herself, with considerable effort; but when she did, *her knees collapsed*. After another hour of rest, she was finally able to go home by herself.

During the next session, the patient was again armored very strongly. When the armoring was loosened, the anorgonia recurred; this time, however, it was less intense and did not last so long. The patient described the attack as "fading out." From then on I was able to produce

the anorgonia at will; it was sufficient, for example, to move the head to the side or backwards to produce it.

It is important to note that these attacks were *not* accompanied by anxiety. Gradually, the connection between anorgonia and vegetative current became clear. One of the patient's defense mechanisms was that of a superficial jocularity which served to ward off serious feelings. Another mechanism was that of "going dead" when her emotions became too strong. The anorgonotic attack, then, represented a *third* mechanism.

The superficiality in the character and the affect-lameness represented the *superficial armoring*; the real *depth mechanism* was the anorgonia. In the course of the ensuing months, it became clear that the anorgonia had always been functioning, though subterraneously; it had resulted in the attacks of weakness as well as in the diverse suppurative processes. The anorgonia failed to occur when the patient let herself experience sexual excitation, and it recurred immediately when the excitation was not allowed full swing, when, in other words, it was arrested while increasing.

The anorgonia was accompanied by dizziness and falling anxiety. It would either develop "superficially," stretched out over days, as it were, or else "deeply," that is, acutely and in full force. As in case 4, the use of the orgone accumulator usually eliminated the attacks of weakness. The bringing about of the orgasm reflex, also, relieved it.

The mechanism of anorgonia in this case is completely in accord with that of the cases described earlier: *The organism reacts to a strong and unaccustomed plasma excitation with a block in motility* which expresses itself in "weakness," "collapsing," "fading out," disturbance of equilibrium and falling anxiety. *It is as if the orgonotic expansion would start but would not be able to take*

<sup>4</sup> The organization of *Trichomonas vaginalis* from the vaginal epithelium has been demonstrated microscopically and recorded on movie film.



*its full course, as if the impulse to expansion became suddenly extinguished.*

In the course of the treatment, the patient remembered a number of childhood situations in which such attacks of weakness had occurred. For example, when she had the impulse to show her father affection, she would feel "as if paralyzed." The exploration of the details of this situation left no doubt that what paralyzed her was an extremely strong sexual excitation which started to break through. The father was a hard, cold person, which seemed to make the sensation of sexual currents in his presence a horrendous occurrence. *Her paralysis expressed the helplessness of the child which wanted to express love without being able to prevent the PHYSICAL sensation which accompanies the expression of love.* The result was a block in motility and an attack of weakness.

It was even possible to localize the block of motility: When the orgasm reflex became more intense and spread from the thorax to the abdomen, the patient developed a peculiar reflex action: *She literally collapsed below the umbilicus; the legs were pulled up rapidly, the upper part of the body jerked forward; both hands grabbed for the lower abdomen as if in pain.* Gradually it became clear—and palpation of the abdomen confirmed it—that the wave of orgonotic excitation, on its way to the genital, became stopped by a spasm of the intestines. This took place *precisely at the place where the suppurative fistula had broken through the abdominal wall.* (The fistula had healed in the meantime under orgone treatment). It is clear, then, that the abdominal organs became spastic as soon as waves of excitation moved toward the genital. This is how her abdominal pains, her colics, diarrhea and constipation had originated. What is less clear is the histological mechanism by which such spasms produce tumors in the uterus or the intestines.

However, the causation of benign genital tumors by spastic conditions of the abdominal organs cannot be doubted.

In the course of two weeks of hard work on this block in the lower abdomen, the condition ceased. The orgasm reflex was no longer jerky but became soft; soon there occurred the typical "melting" sensations of current in the lower abdomen and the patient, for the first time in her life, experienced preorgastic sensations of current in the genital during the sexual act. With the elimination of the block in motility, the acute anorgonotic attacks disappeared also, though the mild, stretched-out states of weakness continued to persist.

In this way, therapy confirmed the concept of anorgonia.

The anorgonotic paralysis is now satisfactorily defined, symptomatologically and dynamically. It comprises those conditions which heretofore led a Cinderella existence in pathology under the name of "functional paralyses." They now become understandable as disturbances in the functioning of a concrete biological energy, instead of as "hysterical" or mechanical lesions of the nerve tracts.

What is more difficult is the differentiation of the anorgonia which *results from gradual plasmatic shrinking* from the anorgonia which sets in acutely. *Does anorgonia consist in a loss of organismic orgone, or merely in a block of motility of undiminished orgone?* Mild anorgonotic states of weakness are easily distinguished from acute attacks of anorgonia. The principle must be assumed to be the same in either case. We must assume that anorgonia of the type of acute attacks can develop into a chronic shrinking process; and that, conversely, chronic anorgonia can end in acute functional paralysis. The organism may resign and finally shrink if its impulses to expansion cannot function; and it can cease to expand when the organism is subjected to gradual orgone



loss. *The common denominator is, biophysically speaking, the inhibition of the function of expansion, or, psychologically speaking, the inhibition of the pleasure experience.*

The next question is the following: How far back does this disturbance reach in the developmental history of the organism? In all 5 cases we were able to find traces of anorgonia, slight and transitory attacks, as far back as early childhood. *The origin of anorgonia cannot be set at too early a period.* It is likely that the functions of the body orgone acquire their characteristics in the course of *fetal development*. This does not by any means imply "heredity"; it simply *shifts the problem to the period before and shortly after birth*. It is important to remember that the constitution of an organism results from a development, that it does not exist, "ready-made"; furthermore, it has to be assumed that the *development* of the biophysical constitution lasts beyond birth to about the end of the first year of life.

Just as the prevention of disease cannot be started early enough, so must the study of the biophysical constitution go back as far as to the formation of the embryo. This is made possible, in principle, by our knowledge of many functions of the orgone.

Scientific progress is based on the reduction of empirical facts to primary causes and on the progressive unification of these causes. Freud's psychopathology considerably reduced the importance of the imp, "heredity," by his discovery of early infantile libidinal development. The findings of psychoanalysis are based on observations of children up to the age of about two.

Orgone research goes beyond this. Vegetotherapy of schizophrenic characters leaves no doubt that the central mechanisms of a later schizophrenia are established within *the first few weeks of life*.

To learn more about this is of vital importance. The language of motility, the organ language and the language of emotional expression used in vegetotherapy is, phylogenetically and ontogenetically, older than the language of the word and of the idea which forms the tool of depth psychology. Unlike the language of the word and the idea, the language of bodily expression does not begin at a certain age and is not restricted to the human animal. The language of bodily expression is a function of the animal world in general, even though we have not yet learned to understand it. In this way, living functioning becomes accessible to orgone physics *before the first year of life in the human, and in the animal generally*, for emotion and motor expression are based on plasma pulsation.

I shall postpone an exposition of the results of experimental vegetotherapy in schizophrenics until another time, and shall conclude this report on anorgonia with a description of the expressive language of a newborn child. It will be shown that the early beginnings of anorgonia are in fact to be looked for in the period before and after birth.

#### *Falling anxiety in an infant of 3 weeks*

Recently, I had an occasion to observe the development of falling anxiety in an infant of 3 weeks. This observation filled a gap which the study of cancer biopathy had left open.

This infant was born into an environment in which the expressive language of the organism is professionally understood and handled. For this reason, it was all the more baffling that the parents felt helpless in the face of the infant's gesture language; during the first few weeks, they felt that one knows *practically nothing* about the emotional life of the newborn. Purely mechanical care, it goes without saying, does in no way satisfy the *emotional* needs of the infant. He pos-



sesses only *one* form of expressing needs, that is, *crying*. This *one* form covers innumerable small and great needs, from the pressure of a diaper crease to colic. The expressive language of the infant finds no response in the environment.

I shall not go into any of those injurious methods of infant care which modern education has effaced, or is still trying to efface, from the earth: rigid allotment of food quantity and of feeding time as instituted by Pirquet, violent extension of the legs by tight swaddling, as was customary some 30 years ago, denial of the breast during the first 24 hours, as still practised in many hospitals, overheating of the nurseries, the mechanical routine handling of infants in large institutions, the "letting them cry themselves out," etc. Such measures of force are the expression of a life-inimical attitude on the part of parents and physicians. They do lasting damage to the biological self-regulation of the organism shortly after birth and lay the basis for a later psycho-neurosis which is then misinterpreted as hereditary. All these things are already common knowledge today although not yet common practice in infant care.

I shall confine myself here to *one* definite harmful influence during the first few weeks of life which has hitherto been neglected: *The lack of organotic contact between mother and infant*. This lack of contact may be of a direct physical or it may be of a psychic nature. It goes without saying that the infant's language of emotional expression will be the better understood the fuller the organotic contact.

The pre-eminent place of contact of the infant's body is the bio-energetically highly charged mouth and throat. This organ immediately reaches out for gratification. *If, now, the mother's nipple reacts to the sucking movements in the proper biophysical manner with pleasure sensations, it becomes vigorously erect,*

*and the organotic excitation of the nipple combines into a unit with that of the infant's mouth, just as in the orgasmic sexual act male and female genital luminate and fuse organotically.* There is nothing "peculiar" or "repulsive" in this. *Every healthy mother experiences the sucking pleasurablely and gives herself over to the experience.*

There is the other fact, however, that about 80% of all women suffer from vaginal anesthesia and frigidity. Corresponding to this fact, their nipples are either anorgonotic, that is, "dead," or the mother reacts to the pleasurable sensations which the sucking arouses in the breast with anxiety or disgust. This is the reason why so many women refuse to nurse their own babies. This situation has further consequences. An anorgonotic breast functions poorly physiologically, that is, *the milk production is disturbed*. As a result, the excited mouth of the infant either meets a "dead" nipple so that he fails to get satisfaction, or the mother, because of her phobia of nursing, relegates the infant to the non-excitabile rubber nipple of the bottle.

The emotional disturbances of the vegetative currents in the mouth, neck and shoulder regions which one finds in the biopathies leave no doubt that these defects on the part of the mother result in a severe damage to the organicity of head and neck. Speech disturbances, emptiness of emotional expression, eating disturbances, spastic hysterical vomiting, fear of kissing, depression, stuttering, mutism and similar disturbances are an expression of the poor organotic function of the mouth and throat.

So much about the first physiological contact of the infant with the world.

We shall proceed now to the emotional contact, which is determined directly by the organotic contact. The infant has no other means of expression than the various forms of motion (grimaces, move-



ments of arms, legs and torso, expression of eyes) and the crying. The contact of the mother with the infant is governed not by language but by the motor expression: the adult perceives the infant's motor expression through organotic contact (psychologically speaking, by identification). If the adult's own motor expression functions well, he will also comprehend the infant's expression. If, on the other hand, he is armored, hard in his character, pleasure-shy or otherwise inhibited, then his understanding of the infant is severely limited, which will inevitably impair the emotional development of the child in various ways. The need of the infant can be satisfied only if one understands the infant's expression. It is not always easy to know immediately what the infant wants.

Every newborn has its own characteristics, its own *basic trait*; without understanding this one cannot understand its individual emotional reactions. The infant in question was characterized by an "*earnest looking*." This "looking expression" was fully developed a few minutes after birth: the newborn baby looked with his eyes wide open and with the *expression* of seeing. He took to the breast immediately and sucked vigorously. In the first week, he cried very little. In the second week he cried much, and the people around him were unable to understand the reason for the crying. The pacifier did not always pacify. I often had the impression that the child wanted *something definite* but I did not know *what*. Only two weeks later did I understand that what he wanted was *bodily contact*. This I will have to explain in some detail.

During the few hours in which the baby was awake he would follow with his eyes the red, moving lines painted on the wall of his room. He distinctly preferred the red to the blue or green color: his gaze would remain longer on the red,

and the expression of looking was more intense.

*At the age of two weeks, the infant had his first orgasmic excitation of the mouth region.* This occurred while he was nursing: the eyeballs turned upwards and sidewise, the mouth began to tremble, as did the tongue; the contractions spread over the whole face; they took about 10 seconds, after which the musculature of the face relaxed. To the parents, this manifestation seemed only natural. But we know from practice that many parents get frightened when the mouth orgasm occurs in their child. During the next four weeks, this orgasm of the facial musculature occurred several times more.

At the end of the third week of life, there was an acute *falling anxiety*. It occurred when the child was taken out of the bath and put on his back on the table. It was not immediately clear whether the motion of laying him down had been too fast, or whether the cooling of the skin had precipitated the falling anxiety. At any rate, the child *began to cry violently, pulled back his arms as if to gain support, tried to bring his head forward, showed intense anxiety in his eyes and could not be calmed down*. It was necessary to take him up again. At the next attempt to put him down, the falling anxiety appeared again, in the same intensity. Only when taken up did he again calm down.

During the next day, the right shoulder blade and the right arm were found to be pulled back and less mobile than the left arm. There was a definite contraction in the musculature of the right shoulder. The connection between this contraction and the falling anxiety was clear: *During the anxiety attack, the child had pulled back both shoulders, as if to gain a hold*. This muscular attitude persisted now *even in the periods free of anxiety*.

I believe this happening to be of great



significance. In trying to explain it, we must first exclude several things:

It could not be a matter of genital orgasm anxiety as in patients after puberty. Neither could it be a rational fear, for an infant of three weeks' age has no concept of "falling," of "high and deep." Nor could it be a *psychoneurotic* falling anxiety, for before the development of *word* language there are no concepts, and without concepts there can be no phobia.

The psychoanalytic explanation of "instinct anxiety" which is used in such cases is unsatisfactory, for we would have to ask *which kind of an instinct was warded off?* There is at this age no moral ego, and, according to psychoanalytic theory, there can be no instinct anxiety unless there is a moral defense present. The anxiety cannot be a "danger signal of the ego" because there is no "ego."

Rationalistic as well as psychological interpretations, then, leave us in the lurch. *How can an acute anxiety attack come about in a child three weeks of age if there is neither a consciousness of a danger of falling nor a defensive anxiety signal of the ego?* We certainly will not take recourse to the assumption of an "archaic, inborn instinct anxiety"; that would be too easy and would not mean anything. *An anxiety attack is a functional disturbance and can be understood only from the organotic body functions.*

Let us attempt a biophysical interpretation: If it is not a matter either of a fear of danger or a defense against an instinct, there remains nothing but the *pleasure-anxiety mechanism of the organotic body system*, a mechanism which, as we know, begins to function with the first plasmatic motion. In my monograph, *PSYCHISCHER KONTAKT UND VEGETATIVE STRÖMUNG* (1934)<sup>5</sup> I assumed that *the sensation of falling comes about purely biophysically*

*through a sudden withdrawal of the biological energy to the vegetative center.* It is a matter of a kinesthetic organ sensation as it occurs with actual falling, in fright and with sudden inhibition of orgasmic expansion. As I have shown clinically, *orgasm anxiety* is always based on *falling anxiety*; the rapid and extreme pulsation in the orgasm is experienced as falling *if the pulsation cannot take its course* freely. In contrast, the free, uninhibited orgasmic contraction conveys the sensation of *floating or flying*.

*Now, the withdrawal of bio-energy from the body periphery means an anorgonia of the extremities; the anorgonia of the supporting organs goes with loss of the feeling of equilibrium.*

Falling anxiety, thus, is not a "psychic formation" but the simple expression of a sudden anorgonia in those organs which maintain the body equilibrium by *opposing* the force of gravitation. Whether falling anxiety and anorgonia are precipitated by sudden orgasm anxiety, by actual falling or by a fright contraction, the mechanism is always the same: *loss of peripheral plasma motility, and with that loss of the feeling of equilibrium and of equilibrium itself.* The *experience* of anxiety is an automatic biophysical result of the *sudden* contraction of the plasma system. However, the organotic contraction goes with *loss of plasma motility in the periphery*, and for *this* reason expresses itself as fear of falling.

The effect is, of course, the same whether the immobilization takes place as a result of a secondary pleasure block or as a result of a primary anxiety contraction: *the sensation of falling is the immediate inner perception of the immobilization of the body periphery, of the loss of equilibrium.* It follows that the equilibrium of a body in the field of gravitation is a function of the full organotic pulsation in the periphery of the organotic system.

<sup>5</sup> *Editor's note:* Soon to be published in English as an appendix to the author's book, *CHARACTER-ANALYSIS*.



At this point, I must mention an observation which supports this interpretation: A boy whom I knew had caught a squirrel which he held in his hand. I was struck by the fact that the squirrel lay there in the hand completely flaccid; it did not move, or fight or bite: it was *paralyzed with fright*, it had an *acute anorgonotic attack*. After a few minutes, the boy put it down on the ground. At first, it continued to lie there immobile, as if dead. Then it tried to get up, but fell down again; in terms of physics, it was not able to overcome the pull of gravity. These attempts to get on its legs were continued for about 15 minutes, without success. It was not injured, for later on it was perfectly able to run and climb. The disturbance of equilibrium and the continued falling down increased the anxiety, which in turn led to further falling down. For some minutes, the whole body convulsed in sudden contractions which were so violent that it was thrown into the air as high as several inches. Finally it recovered from the attack and retreated to some bushes; after having rested there for a long time, it ran off.

But to return to our infant. Can we surmise the *cause* of the anorgonotic attack? I think we can.

As I mentioned before, *for a period of about two weeks the orgonotic contact of the mother with the baby was poor*; apparently, the baby had strong impulses toward contact which remained ungratified. Then occurred the orgasm of the mouth region, in other words, a perfectly natural discharge took place of the high-pitched excitation of the head and throat region. This increased the need for contact even further. The lack of contact led to a contraction, to a withdrawal of biological energy as a result of unsuccessful attempts to establish contact. If it were permissible to use psychological terms here, one would say that the child "resigned," that it was

"frustrated." The "biological resignation" led to anorgonia and with that to falling anxiety. I may remind the reader of case 5, in which the same mechanism governed the biopathy.

My attempts to master the falling anxiety in the infant were successful. If my conclusions were correct, three things were required:

1. *The child had to be taken up and held when he cried. This helped.* After three more weeks, the falling anxiety no longer occurred. With the falling anxiety, a fear of strange people had also appeared. *Before* the first attack of falling anxiety, the child had always liked to be taken up by strangers; *after* the attack, he would become anxious and would cry when somebody tried to take him up. He also had once reacted with anxiety to a dog which appeared unexpectedly.

2. *The shoulders had to be brought gently forward out of their backward fixation in order to eliminate this first beginning of a characterological armoring in the shoulders.* Playfully, with laughter and sounds which the baby loved, I moved both shoulderblades forward; this was done daily for about 2 months, always in a playful manner.

3. *It was necessary actually to "let the child fall" in order to accustom him to the sensation of falling. This also was successful.* Holding the child under the armpits, I would lift him and then lower him, slowly at first, then increasingly quickly. At first, the child reacted with crying but soon he began to enjoy it. He even developed a kind of game from it: he made "walking" movements with his legs. He leaned against my chest and looked up toward my head. I understood what he wanted: *to crawl up on me*; arrived above my head, he would squeal with pleasure. In the succeeding weeks, the climbing up and "falling" became a much-beloved game.

The first biopathic reaction had happily



been overcome. During the ensuing 6 months, no trace of falling anxiety could be detected.

It is important to follow the development of this infant over a terrain which has an *immediate* connection with biopathic shrinking: *If the carcinomatous shrinking of the adult organism has its roots in a chronic contraction and resignation acquired at an early time, it follows that the prevention of the shrinking biopathy is a matter of an undisturbed development of the life impulses during the first few months of life.* True, it would be simpler and more acceptable if a drug could be discovered against the carcinomatous shrinking process. Since this is not possible, the problem is and remains that of a *sex-economic upbringing of infants*. There is, as far as I can see, no other way. As we know, this has serious social consequences.

Our starting point was the lack of understanding on the part of the adults for the expressive language of the newborn. This lack is deep and quite general. The parents of our infant believed themselves to be very understanding when they let their child determine himself when he should be fed and how much he should get. As early as the fourth week of life, they noticed that the child was restless, which expressed itself in frequent crying. At first, they did not understand. Gradually, the simple insight dawned on them that it is indeed extremely boring to lie in a crib or carriage alone, many hours each day, *for months* on end, with high walls to the crib on both sides, and a roof above.

*The aliveness of the newborn requires aliveness of the environment.* I mean aliveness not only in the expressive language of the adult, but *movement in the strict sense of the word*. The infant prefers alive colors to dull ones, and moving objects to stationary ones. If the infant is placed in a higher position so that the walls of

the carriage do not obstruct the view and if one removes the roof, the infant can observe his environment; he will show glowing interest in people who pass by, in trees, shrubs, posts, walls, etc.

The concept of the "autism of the infant," of his "being withdrawn into himself," is widespread. Nevertheless, it is *erroneous*: the autism of the infant is an *artifact* resulting from the behavior of the adults; it is *artificially produced* by the strict isolation of the infant and by the character armoring of the persons who take care of the child as well as of the theorists of nursing. It is understandable that the infant will not reach out toward the world if the environment does not meet him with alive warmth but only with rigid rules and spurious behavior.

It is true that today most newborn infants are quiet and withdraw. But is lordosis or anxiety neurosis natural merely because it is so widespread in occurrence?

As long as parents, physicians and educators approach infants with spurious, stiff behavior and rigid concepts, with dignity and condescension instead of with organotic contact, so long will infants be quiet; withdrawn, apathetic, "autistic," "queer," and will they later be "wild little animals" which, the cultivated ones feel, must be "tamed."

All the political talk notwithstanding, this world will not change as long as the adults cannot cease to let their own deadness take effect on the still unspoiled plasma system of the infant.

An infant does not respond with any expression either to sweetish "baby talk" or to the strict language of the adult. *He responds only to an intonation of the voice, to the pitch of a voice and to a language which corresponds to his own nature, things with which he can establish a connection through his expressive language.* It is possible to evoke in an infant of a few weeks vivid pleasure and lively



responses if one talks to him in *his* guttural sounds, if one makes *his* motions, if one has, above all, a lively contact oneself. Spurious behavior on the part of the adult inevitably forces the child back into himself. The fact cannot be emphasized enough that in this respect 90% of the people in general are still deaf and blind, thus creating biopathic constitutions day in and day out.

Disturbances of inner secretion and of the so interesting enzyme functions are *results* and *symptoms*, and *not* the causes of the later diseases of the biosystem. This must be correct if the mechanico-chemical standpoint of biology is incorrect—and *it is incorrect*. That is proved by the deplorable state of general health everywhere on our planet.

We should not be too surprised at the East-Indian, Japanese or any other kind of Asiatic authoritarian upbringing of small children. In fact, with us, in the "cultured West," it does not look much better. Only the methods of "taming the wild little animals" are different. The old-spinster spirit which does not tolerate anything alive around it is the same. In another 20 or 50 years it will be a matter of course that those who take care of children experience love themselves, and that their organism must know the orgasmic sensation and contraction if they are to understand an infant. Today, this may still sound exaggerated; that does not alter the truth of the everyday observation that orgasmically impotent educators form the greatest danger for the development of the child's organism.

*The "autism" of the infant, then, his quietness, pallor, his being withdrawn, are an artifact of education, a product of his total social misery.* Soon, it will be realized that such disturbances as diarrhea, whooping cough, etc., also belong here. This is not far-fetched: if the intestinal function is of a vegetative nature—and it is—then the emotional, that is, orgone-

biophysical faulty development of the infant must play a decisive role also in such things as diarrhea, pallor, anemia and so on. It would be senseless to object here by pointing to the "social misery," for this social misery itself, in the last analysis, is a result of the rigidity of the animal, man, of a world which has ample resources for wars, but never sufficient resources—even amounting to a minimal fraction of what is expended in the war *in one day*—for the securing of living functioning. That is so because these shipwrecked, rigid human beings have no understanding of living functioning, only fear of it. In addition, no other kind of social misery can compare with the misery suffered by infants of biopathic parents.

It is a widespread misbelief that such functions as grasping, crawling and walking "are suddenly there," ready-made as if fallen from the sky. It is assumed that the child "simply" starts to grasp at the age of x weeks, to crawl at y weeks, and to walk at z weeks. One must marvel that the pediatricians have not yet worked out a schedule of the number of steps a child has to take every day, in the manner in which they worked out the number of daily calories. An alive, erogenous functioning nipple, a warm, contactful embrace of the infant beats any chemical prescription in stimulating digestion and the total body functioning. If there is contact between the infant and an understanding, warm, environment, then—and only then—can one observe *natural* processes, instead of artificial products of a pathological upbringing. Not until the educators are sexually healthy will the scientific statements about children be *correct*. A day should, and will, come when a statement will be judged *according to the character structure of him who makes it* just as today it is judged according to the elegance of the style or as a surgeon is judged by the technical skill of his hand.



As I just said, the framework for correct observations has first to be *created*:

If the organotonic contact is present, *one sees the various functions appear in the infant long before their "goal" is present*. The eye, for example, establishes contact with the moving fist; the motions of closing the hand develop long before the child really grasps an object. This has nothing to do with "grasping reflexes" thought of in a mechanical way. *The goal-conscious grasping develops gradually through the coordination of many diverse functions, that is, a coordination of the motions of previously uncoordinated organs*. It is the contact of the eye movement with a pleasurable movement in the environment which gives rise to goal-directed seeing. Once the act of seeing is established, the function, which now is already complicated, seeks *new* pleasurable objects. Unpleasurable stimuli, which lead to contraction, do not form an act of seeing. It is all the unpleasure and anxiety which our infants experience which later lead to "dull eyes," "myopia," spasm of the lids and with that to a "dead" expression in the eyes.

What, in the face of these facts, is one to think of the mechanistic misconception that "seeing is the answer of the retina to a light ray"? Undoubtedly, it is that; but the reaction of the retina is merely a vehicle, a means of seeing. *Is the dancing of a child "merely" the contact of the feet with the floor or "merely" such and such a succession of muscular contractions?* Such questions disclose the emptiness of all mechanistic explanations of life.

The child looks at one in a different way when one smiles at him, and differently when one frowns at him. *What matters, then, is the motor expression of the plasma action*, and not individual stimuli, reactions or muscle contractions. The light ray which hits the retina always represents the same process of definite wave lengths. Nevertheless, the infant's

eyes may be dull or shiny. This depends on the *turgor of the tissue*, which is increased by pleasure and decreased by anxiety.

If one has good contact with the infant one can develop the functions. At the age of about 14 weeks, the infant in question would make motions of walking, in a lying position, when I came near him, indicating that he wanted to "walk." He would shout with joy when I held him under the arms, letting him put down his feet rhythmically on the floor, so that he was "moving along." During this, he would look along the walls or the ceiling as if to convince himself that "locomotion" really took place, that is, that the objects moved past him.

Infants go through a phase of development characterized by vigorous activity of the voice musculature. The pleasure in shouting and the formation of various sounds is regarded as a pathological aggressivity by a great many parents. Accordingly, the infants are admonished to be "quiet," not to shout, etc. With that, the impulses of the voice apparatus are inhibited, its muscles become chronically contracted, and the child becomes quiet, "well-behaved" and withdrawn. The results of such mistreatment soon become obvious in the form of eating disturbances, general apathy, pallor of the face, etc. We must assume that retardation of speech and speech disturbances are caused in this manner. In the adult, we find the result of such mistreatment in the form of spasms of the throat. What seems particularly typical is the automatic constriction of the glottis and the deep muscles of the throat, a contraction which inhibits the aggressive impulses in head and neck. Clinical experience demonstrates that one must let children "cry themselves out" when the shouting is a pleasurable activity. Many parents will find this inconvenient. But in deciding problems of education our concern must be *exclusively*



*the interests of the child* and not those of the adults.

I trust to make it clear where I see the problem of the prevention of biopathic shrinking processes: *In the dependency of psychic and physico-chemical functions on the bio-emotional activity of the organism in the earliest phases of development.* Here, and *only here*, will one also have to look for a solution, and not in drugs or cultural theories of sublimation.

I emphasized the dependency of the psychosomatic functions on the *bio-energetic functions of plasma pulsation. Lively pulsatory activity from birth is the only conceivable means against chronic contraction and premature shrinking.*

Bio-energetic pulsation is a function which depends entirely on the stimuli from and the contacts with the environment. The character structures of the parents form the main part of this environment from the moment of birth. *In particular, the maternal organism plays the role of environment from the formation of the embryo until birth.*

I should like to talk now about the insights we have into the *prenatal* development of the organism. They are meager and not decisive. Much more has to be learned before we can make a breach into the obscure problem of heredity. But the notes to follow are at least a beginning which may lead to further observations.

If we assume the beginning of a shrinking biopathy to take place in the phase of *embryonic development*, the first question is that of the influence on the fetus of the maternal blood, of the orgonity of her organism and in particular the bio-energetic state of the maternal genital organs.

The contractions of the chicken embryo as they have been demonstrated on movie film confirm the clonic-pulsatory nature of embryonic growth. *The vitality of an embryo is expressed in these contractions.* The bladder form itself indicates that what is at work here are the typical bio-

energetic functions of protoplasmic protrusion as they are most easily studied in flowing amebae. We must assume that a freely contractile uterus which is capable of contractions represents a far more favorable environment for the embryo than a spastic and anorgonotic uterus. Not only is the circulation of blood and body fluids more complete, and with that, the energy metabolism more rapid in a strongly orgonotic uterus; *the chargeability of the maternal tissue is transferred to that of the embryo which, after all, forms only a functional part of the uterine mucosa.*

Thus it becomes understandable why the children of orgastically potent women are so much more vital than those of frigid and armored women, a fact which is corroborated by everyday observation. What is customarily called "heredity of temperament" is essentially nothing but the effect of the maternal tissue on the embryo. In this manner, we gain for the first time access to a corner of the gigantic problem of the "heredity of character." Since the emotional functions are determined by the orgonotic energy function, it follows that the basic character is, to begin with, only a greater or lesser energy activity; in other words, *the temperament is an expression of the degree of pulsatory activity of the orgonotic body system.*

*The "heredity factor," then, becomes tangible, in principle, as a quantitative energy factor.* Naturally, a system rich in energy will not as easily resign as one poor in energy. It follows that the energy weakness of an embryo is determined by the energy weakness of the maternal genital organs. Energy weakness may be thought of quantitatively as a decrease in orgonity, or functionally as a decreased pulsatory activity of the plasma. It must be assumed that the decrease in plasma pulsation in the embryo can secondarily lead to anorgonia. That is, the embryo need not be



originally anorgonotic, even though the parents may suffer from a decreased orgone energy metabolism. We must assume both possibilities: *original* anorgonia in the embryo, or *secondary* anorgonia as a result of anorgonia in the maternal genital apparatus.

Let us follow this train of thought further. It remains, of course, for concrete observations to correct or amplify what is obscure here.

The embryo participates in the orgastic contraction of the uterus during the sexual act of the parents. The physiological and anatomical situation being what it is, this cannot be otherwise. The maternal orgasm during pregnancy extends to the embryo in the form of contractions. *Before* birth there are *growth contractions* which, bio-energetically, cannot be distinguished from orgastic contractions. To these are added the orgastic contractions which are aroused by the maternal orgasm. If there is, in addition, a high orgonity of the maternal organism before pregnancy, we have a picture of *favorable* bio-energetic conditions for the orgonity of the embryo. Hand in hand with this goes the genital character structure of the parents which later continues to develop, in the realm of *psychic* development, what the bio-energetic function has established in the embryo and continues to maintain later on. *After* birth, there is an independent orgasm of the head and neck regions in the newborn.

*Since high orgonity causes vigorous expansive instinctual activity, a prevention of anorgonia is established.* The development of a cancer shrinking biopathy or of anorgonia has become unlikely even though not impossible; for unfortunate experiences in later life may force even the most vigorous life apparatus into resignation and shrinking.

To return to our infant: The movements of the embryo were extraordinarily vigorous beginning from the fifth

month of pregnancy; so vigorous as to cause the mother pain quite frequently. The obstetrician also noted that the heart sounds were extraordinarily strong. In spite of a difficult delivery (first pregnancy, premature rupture of the bag of waters, 20 hours of labor) there was no asphyxia at birth. To the end of the pregnancy, the blood of the mother was strongly orgonotic and completely free of T-bacilli.

To summarize: *High orgonity and orgastic potency of the parents, absence of anorgonia of the uterus, absence of T-bacilli and CO<sub>2</sub>-excess in the blood—these are the biosocial prerequisites for a strong orgonity of the child in the embryonic stage.*

Conversely, *orgastic impotence of the parents, anorgonia of the uterus, disturbed tissue respiration, T-bacilli in the blood, hyporgonia of the blood, and vegetative armoring—these are the disturbances of functioning which have now become tangible as causing a later anorgonia in the child.*

With that, the mechanistic and mystical theory of heredity has lost another piece of its ground to *functional* pathology. It is no longer a matter of a "hereditary disposition to cancer" which is beyond our control; it is a matter of life functions which can be influenced, a matter of energy quantities and of disturbances of pulsation. These disturbances, it is true, create a tendency to anorgonia, but this tendency must not of necessity develop; favorable circumstances in later life may render the original damage innocuous. The living is very adaptable; it adapts to favorable as well as to poor conditions of life.

Orgone biophysics considers the period from the formation of the embryo to about the end of the first year of life the "critical period" in which the "constitution of the system of orgonotic functioning" is established. The core of this "con-



stitution" is determined by the amount of organicity and of the ability of the tissues to pulsate; these factors determine the extent of vegetative impulse motility.

If we see the termination of embryonic development not at birth but at the time when all biological functions become coordinated into a unitary *biosystem*, at the age of about 10 to 12 months, we have before us the critical span which determines the later bio-energetic functioning. The critical period of "psychic" development lies between the third and fifth year of life; its outcome is largely determined by the outcome of the *biophysically* critical earlier period. This biophysically critical period contains the solution to the riddle that, in every vegetotherapeutic treatment, after the working through of the pathological mechanisms, an *intangible* something remains: an unalterable hopelessness in general life activity, a resigned quietness, an irritability, in one word, what classical psychiatry calls "inborn disposition."

Many aspects of falling anxiety and anorgonia remain obscure. Neither anxiety nor anger are pathological manifestations of the life system. It is only natural that a child should experience anxiety when it falls or is attacked by a dog; only natural that the infant should express anger when its needs are not satisfied.

*But falling anxiety is more than a fear of danger.* It can occur long before there is any consciousness of danger. It is connected with rapid contractions of the life apparatus, is, in fact, produced by them. Just as actual falling causes biological contraction, so does contraction, conversely, cause the sensation of falling. We understand now why a *contraction* with orgasmic *expansion* results in falling anxiety, and why falling anxiety appears when the muscular armor is broken down and the first plasmatic currents make themselves felt. *A contraction in the course of a plasmatic expansion disturbs the sensation of*

*equilibrium.* But something remains unexplained. Let us try to define it, even though we cannot find a solution.

A basic function of the living organotic system is that it must oppose and overcome the pull of gravitation. The *dead* stalk of a plant is completely subject to the force of gravitation. The *living* stalk grows in a direction *opposite* to gravitation. (It goes without saying that this cannot be due to mechanical tension alone, for a *dead* stalk, even if full of water, remains lying, does not become erect). The flight of birds is based on the overcoming of gravitation. The erect gait of man requires a tremendous amount of balance *against* the pull of gravitation. We know that this balance fails when the unitary character of the motor functions is somehow disturbed. This motor disturbance may be of a purely mechanical nature as in the case of an injury to a leg or in tabes (locomotor ataxia); but it may also be of a *functional* nature. Anorgonia of the total body or of essential body organs means a disturbance of balance, and with that a tendency to fall and corresponding falling anxiety. Up to this point, it is clear. But the expression of falling anxiety in an infant of three weeks, precipitated by a cooling of the skin, remains somehow obscure. True, there is the function of rapid vascular contraction, but the *experience* of falling is lacking. Whence the *expression* of the falling anxiety? Recourse to a "phylogenetic experience" does not explain anything, for the phylogenetic experience must become effective in some *actual* anchoring. There is no memory function without an actual mechanism.

Here we have to renounce the ambition to understand *everything* about anorgonia and falling anxiety. For the time being, we shall be satisfied with the understanding of the *connection between the block of organotic pulsation on the one hand and the loss of the feeling of the organs and of equilibrium on the other.* The connec-



tion between orgonity and anorgonia on the one hand and gravitation on the other hand is obvious. In a state of anorgonia, the members are "heavy," motion takes place only with great effort. In the state of high orgonity, on the other hand, one feels "light," as if "floating." Such linguistic expressions are to be taken literally and seriously. *In anorgonia, less biological energy is free and active; the inert mass of the organism becomes greater, that is, heavier, in relation to the active energy which has to move the body. In a state of high orgonity, more bio-energy is free and active, and in relation to it the mass of the organism becomes lighter.* We are dealing with a genuine,

*alterable* relationship between mass and energy in the biosystem.

This is as far as we can go at the present—unless we were again to take recourse to the metaphysical imp which is alleged to act, think, feel and react in the background of living functioning. That would lead nowhere. Let us wait for a better opportunity to finally comprehend this obscure remainder. For the time being, it is sufficient to have comprehended how early and in what orgonotic functions the carcinomatous shrinking process with its anorgonia has its beginnings.

Concluded October 1944



## SOME MECHANISMS OF THE EMOTIONAL PLAGUE\*

By WILHELM REICH, M.D.

The term "emotional plague" has no defamatory connotation. It does not refer to conscious malice, moral or biological degeneration, immorality, etc. An organism which, from birth, is constantly impeded in its natural way of locomotion *develops artificial forms of locomotion*. It limps or moves on crutches. Similarly, an individual moves through life by the means of the emotional plague if, from birth, his natural, self-regulatory life manifestations have been suppressed. The individual afflicted with the emotional plague *limps, characterologically speaking*. The emotional plague is a chronic biopathy of the organism. It made its appearance with the first suppression of genital love life on a mass scale; it became an *epidemic* which has tortured the peoples of the earth for thousands of years. There are no grounds for the assumption that it passes, in a hereditary manner, from mother to child. Rather, it is implanted in the child from his first day of life on. It is an epidemic disease, like schizophrenia or cancer, with this important difference: it manifests itself essentially in *social living*. Schizophrenia and cancer are biopathies resulting from the emotional plague in social life. The effects of the emotional plague are to be seen in the organism as well as in social living. Periodically, like any other plague, such as bubonic plague or cholera, the emotional plague takes on the dimensions of a pandemic, in the form of a gigantic breakthrough of sadism and criminality, such as the Catholic inquisition of the middle

ages or the international fascism of the present century.

If we did not consider the emotional plague a disease in the strict sense of the word we would be in danger of mobilizing the policeman's club against it instead of medicine and education. It is characteristic of the emotional plague that it necessitates the policeman's club and thus reproduces itself. Nevertheless, in spite of the threat to life which the emotional plague represents, it will never be mastered by means of the club.

Nobody will feel offended when he is called nervous or a cardiac patient. Nobody can feel offended when he is told that he suffers from an "acute attack of the emotional plague." A sex-economist is apt to say of himself: "I'm no good today, I have the plague." In our circles, such attacks of the emotional plague, if slight, are handled by one's withdrawing for a while until the attack of irrationalism subsides. In serious cases, where rational thinking and friendly counsel are not enough, one clears up the situation vegeto-therapeutically. One finds regularly that such acute attacks are caused by a disturbance in love life, and that they subside when the disturbance is eliminated. To me and the close co-workers, the acute attack of the emotional plague is such a familiar phenomenon that we take it with calm and master it objectively. It is one of the most important requirements in the training of vegetotherapists that they learn to perceive acute attacks of the emotional plague in themselves in time, not to get lost in them, not to let them take any effect in the social environment.

\* From an unpublished German manuscript (1940-1942). Translated by the Editor.



and to master them by assuming an objective attitude toward them. In this manner, possible harm to common work can be reduced to a minimum. It happens, of course, that such an attack of the emotional plague is not mastered, that the individual afflicted with it does more or less harm or that he withdraws from the work. We take such accidents in the same manner as one takes a serious physical disease or the death of an esteemed co-worker.

The emotional plague is more closely allied to the character neurosis than to organic heart disease, but in the long run it may lead to cardiac disease or cancer. Like the character neurosis, it is maintained by secondary drives. It differs from physical defects in being a function of the character and, as such, being strongly *defended*. Unlike, say, a hysterical attack, it is not experienced as ego-alien and pathological. As we know, character-neurotic behavior is usually highly rationalized. In the emotional plague reaction, this is the case even to a far higher degree: the lack of insight is far greater. One may ask what makes it possible to recognize a plague reaction and to distinguish it from a rational reaction. The answer is the same as in the case of distinguishing a character-neurotic reaction from a rational reaction: *As soon as one touches upon the motives of the plague reaction, anxiety or anger inevitably appears*. This we shall discuss in some detail:

An orgasmically potent individual, essentially free of the emotional plague, will not develop anxiety but, on the contrary, vivid interest when a physician discusses, say, the dynamics of natural life processes. The individual suffering from the emotional plague, on the other hand, will become restless or angry when the mechanisms of the emotional plague are discussed. Not every orgasmic impotence leads to the emotional plague, but everyone

afflicted with it is either lastingly impotent, orgasmically, or becomes so shortly before the attack. This makes it possible easily to distinguish plague reactions from rational reactions.

Further: A natural, healthy behavior cannot be disturbed or eliminated by any influences of genuine therapy. For example, there is no rational means of "curing," of disturbing, a happy love relationship. On the other hand, a neurotic symptom can be eliminated; similarly, a plague reaction is accessible to genuine character-analytic therapy and can be eliminated by it. Thus, one may be able to cure greediness for money, a typical character trait of the emotional plague, but one cannot cure generosity in money matters. One can cure clever underhandedness, but not openness and honesty. The emotional plague reaction may be likened to impotence, which can be eliminated, that is, cured. Genital potency, on the other hand, is "incurable."

It is an essential characteristic of the emotional plague reaction that *action and the reason given for it are never congruent. The real motive is always covered up and replaced by a seeming motive*. In the natural reaction of the healthy character, *motive, action and goal form an organic unity*. Nothing is hidden here; the reaction is immediately understandable. For example: The healthy individual has no other reason for his sexual behavior than his natural need for love and its goal of gratification. The ascetic plague individual, on the other hand, justifies his sexual weakness secondarily with ethical demands. This justification has nothing to do with the way of living. *The attitude of life-negating asceticism is present before the justification*. The healthy individual will not try to impose his way of living on anybody else; but he will give help, therapeutic or otherwise, if he is asked for help and has the means of helping. In no case will a healthy indi-



vidual *decree* that all people "*must be healthy*." To begin with, such a decree would not be rational, for health cannot be commandeered. Further, the healthy individual has no impulse whatsoever to impose his way of living on other people, for the motives for his way of living have to do with his own way of life and not that of others. The emotional plague individual differs from the healthy individual in that he makes his life demands not only on himself, but *primarily and above all on his environment*. Where the healthy individual advises and helps, where he, with his experiences, simply lives ahead of others and leaves it to them whether they want to follow his example or not, the plague individual imposes his way of living on others *by force*. Plague individuals do not tolerate views which threaten their armorings or which disclose their irrational motives. The healthy individual experiences only pleasure when his motives are discussed; the plague individual becomes furious. The healthy individual, where other views of life disturb his life and work, fights in a rational manner for the preservation of *his* way of living. The plague individual fights against *other* ways of living even where they do not touch him at all. The motive of his fight is the provocation which other ways of living represent by their mere existence.

*The energy which nourishes the emotional plague reactions regularly derives from sexual frustration*, no matter whether we are dealing with sadistic war or with the defamation of friends. The stasis of sexual energy is what the plague individual has in common with all other biopathies. As to the differences, I shall soon come to that. The biopathic nature of the emotional plague is seen in the fact that, like any other biopathy, it can be cured by the establishment of the natural capacity for love.

The disposition to the emotional plague

is general. There is no such thing as individuals completely free of the emotional plague on the one hand and emotional plague individuals on the other. Just as every individual, somewhere in the depth, has a tendency toward cancer, schizophrenia or alcoholism, so every individual, be it the most healthy and alive, has a tendency to irrational plague reactions in himself.

To distinguish the emotional plague from the genital character structure is easier than to distinguish it from the simple character neuroses. True, the emotional plague is a character neurosis or a biopathy in the strict sense of the word, but it is more than that, and it is this "more" which distinguishes it from the biopathy and the character neurosis: *The emotional plague is that human behavior which, on the basis of a biopathic character structure, makes itself felt in interpersonal, that is, social relationships and which becomes organized in corresponding institutions*. The sphere of the emotional plague is as large as that of the character biopathy. That is, wherever there are character biopathies, there is at least the possibility of a chronic effect or an acute epidemic outbreak of the emotional plague. In defining some typical fields in which this takes place we shall see immediately that it is precisely the most important sectors of life in which the emotional plague is active: mysticism in its most destructive form; passive and active striving for authority; moralism; biopathies of the autonomic life system; party politics; the familial plague which I termed "familitis"; sadistic methods of upbringing; masochistic toleration of such methods or criminal rebellion against them; gossip and defamation; authoritarian bureaucracy; imperialistic war ideology; everything which is subsumed under "racket"; criminal antisociality; pornography; usury; and race hatred.

We see that the realm of the emo-



tional plague is about the same as that of all the social evils which any social freedom movement has fought against since time immemorial. It would not be incorrect to equate the realm of the emotional plague with that of the "political reaction" or even with the principle of politics in general. In order to do this in a correct manner, one must apply the basic principle of all politics, to wit, greed for power and advantage, to the various spheres of life where one does not speak of politics in the ordinary sense of the word. A mother, for example, who uses the methods of politics in an attempt to estrange her child from her husband, would fall under this wider concept of political emotional plague; so would a career-minded scientist who attains a high social position not by factual achievement but by methods of intrigue, a position which in no way corresponds to his achievements.

We have already mentioned biological *sexual stasis* as the biophysical core which all forms of emotional plague have in common. As far as our experience goes, a genital character is incapable of using the methods of the emotional plague. This constitutes a great disadvantage in a social life which, to such a high degree, is dominated by the institutions of the emotional plague. There is a second common denominator of all forms of emotional plague: *The lack of the ability to experience natural sexual gratification regularly leads to the development of secondary impulses, in particular, of sadistic impulses.* This is a clinical fact established beyond any doubt. It is not surprising, then, that the biopsychic energy which nourishes the emotional plague reactions has always the character of the energy of *secondary drives*. In full-blown cases, *sadism*, this specifically human drive, is never absent.

We understand now why *honesty* and *straightforwardness* are such rare human

character traits; more than that, why such behavior, when it occasionally prevails, regularly evokes amazement and admiration. From the standpoint of "cultural" ideals, one would expect that honesty and straightforwardness would be everyday and matter-of-course attitudes. The fact that they are not, but, on the contrary, evoke amazement; that truthful and straightforward people are regarded as somehow queer; that, furthermore, to be honest and straightforward so often involves social danger to life; all this cannot be understood in any way on the basis of the governing cultural ideology, but only with a knowledge of the organized emotional plague. Only this knowledge will make understandable the fact that, century after century, the forces of any freedom movement, *truthfulness* and *objectivity*, failed to prevail. We must assume, then, that no freedom movement has any chance of success unless it opposes the organized emotional plague with truthfulness, and does it clearly and vigorously.

The fact that the nature of the emotional plague has remained unrecognized has been, up until now, its best safeguard. Consequently, the exact investigation of its nature and of the ways in which it works will tear down this protection. The bearers of the emotional plague, rightly, will interpret this as a fatal threat to their existence. The reaction of the bearers and spreaders of the plague to the factual presentations which are to follow will prove this inexorably. The reactions to come will make it possible, and mandatory, clearly to separate those who wish to help in the fight against the emotional plague from those others who wish to maintain its institutions. It has been shown again and again that the emotional plague—willy-nilly—discloses its *irrational* nature when one probes it. This cannot be otherwise, because the emotional plague cannot react but irrationally. It



has to give way when confronted, clearly and uncompromisingly, with rational thinking and with the natural feeling for life. It is not at all necessary to attack it directly or to fight it. It will, automatically and inevitably, react with furor if one does no more than give a factual and truthful description of the natural living functions. There is nothing that the emotional plague hates more than precisely this.

THE DIFFERENCES BETWEEN THE GENITAL  
CHARACTER, THE NEUROTIC CHARACTER,  
AND EMOTIONAL PLAGUE REACTIONS

*a. In thinking:*

In the genital character, thinking takes its orientation from *objective facts and processes*; it differentiates between what is essential and non-essential or less essential; it attempts to detect and eliminate irrational, emotional disturbances; it is in its nature *functional*, not mechanistic and not mystical; judgment is the result of a thought process; rational thinking is accessible to *factual* arguments for it functions poorly without *factual* counter-arguments.

In the neurotic character, true, the thinking also tries to take its orientation from objective processes and facts. Since, however, in the back of rational thinking, and interlaced with it, chronic sexual stasis is at work, it takes its orientation, at the same time, from the principle of *avoiding unpleasure*. That is, processes the thinking through of which would cause unpleasure or are at variance with the thought system, say, of a compulsion neurotic, such processes are avoided in various ways, or they are thought through in such a manner that the rational goal becomes unattainable. To exemplify: Everybody longs for peace. Since, however, the thinking takes place in largely neurotic character structures, since, consequently, there is at the same time *fear of freedom* and *fear of*

*responsibility (pleasure anxiety)*, peace and freedom are discussed in a formalistic, and not in a factual, manner; the simplest and most self-evident facts of life which obviously represent the natural foundations of peace and freedom are avoided as if intentionally; important connections are overlooked; thus, for example, the well-known facts that politics is ruinous and that humanity is sick in the psychiatric sense are in no way connected with the conscious demand for a usable democratic order. Thus, two more or less well-known and generally valid facts co-exist, side by side, without any connection. The reason for this is the following: A connecting of these facts would immediately call for *practical changes in everyday living*. These changes, the neurotic character is ready to *affirm ideologically* but he is *afraid of them practically*; his character armor does not allow of a change in his way of living which has become a rut; thus he will agree with the criticism of irrationality in society and science, but will change, in a practical way, neither himself nor society according to this criticism; consequently, he will not form a social center of necessary reform. More than that, it happens very often that the very character who agrees ideologically turns practically into a violent opponent if somebody else actually brings about a change. At this point, the boundaries between the neurotic character and the plague individual become blurred.

The individual afflicted with the emotional plague does not content himself with a passive attitude; he is distinguished from the neurotic character by a more or less life-destructive *social activity*. His thinking is completely blurred by irrational concepts and essentially determined by *irrational* emotions. True, as in the genital character, his thinking is fully in accord with his actions (as distinguished from the neurotic character, where thinking and acting are dissociated); but, in



the emotional plague, the conclusion is always there ready-made *before* the thinking process; the thinking does not serve, as in the rational realm, to arrive at a correct conclusion; rather, it serves to confirm an already existing irrational conclusion and to rationalize it. This is generally called "prejudice"; what is overlooked is that this prejudice has social consequences of considerable magnitude, that it is very widespread and practically synonymous with what is called "tradition"; it is intolerant, that is, it does not tolerate the rational thinking which might do away with it; consequently, the thinking of the emotional plague is inaccessible to arguments; *it has its own technique within its own realm*, its own "logicality," as it were; for this reason, it gives the impression of rationality without being actually rational.

A strict authoritarian educator, for example, points, quite logically and correctly, to the existing unmanageableness of the children. In this *narrow* framework his conclusion seems to be correct. If, now, the rational thinking explains that this unmanageableness to which the irrational thinking points is itself a social *result* of precisely this irrational thinking in education, then one meets, typically, a block in thinking; it is precisely at this point that the irrational character of the plague thinking becomes evident.

Another example: Moralistic sexual repression creates the secondary drives, and the secondary drives make moralistic suppression necessary. Every conclusion here is in itself logical. If, now, one proposes to the one who advocates the necessity of repression the elimination of the secondary drives through the liberation of *natural* gratification, one has, it is true, broken through the thought system of the plague individual, but to that he reacts, in a typical manner, not with insight and correction, but with irrational arguments, with silence or even with hatred. That is,

it is *emotionally important to him that repression as well as secondary drives continue to exist*. As paradoxical as this may seem, the reason is simple: *He is afraid of the natural impulses*. This fear is the irrational motor power behind his whole system of thought, logical as it may be in itself; it is this fear which drives him to dangerous actions if one seriously endangers his social system.

#### *b. In acting:*

In the genital character, motive, goal and action are in harmony; motives and goals have a rational, i.e., *social goal*. Motives and goals, on the basis of their primary *biological* nature, strive for an *improvement of the living conditions of one's self and of others*; it is what we call "social achievement."

In the neurotic character, the capacity for action is regularly reduced, because the motives are devoid of affect or are contradictory. Since the neurotic character usually has well repressed his irrationality, he has to fight it constantly. This, precisely, makes the reduction of his ability to act. He is afraid to let himself go in any activity because he never can be sure whether sadistic or other pathological impulses might not break through also. As a rule, he suffers under the insight into the fact that he is inhibited in his vital functioning, *without*, however, developing *envy of healthy individuals*. His attitude is: "I have had bad luck in life, and my children should have a better life." This attitude makes him a sympathetic though sterile spectator of progress. He does not impede progress.

In the individual afflicted with the emotional plague, things are different. Here, *the motive of an action is always an assumed one; the given motive is never the actual motive*, no matter whether the actual motive is conscious or unconscious. Nor are the given and the real goal identical. In German fascism, for example, the



alleged goal was that of the "preservation of a peaceful German nation"; the real goal—based on character structure—was the imperialist war, the subjugation of the world, and nothing but that. It is a basic characteristic of the plague-ridden individual that he believes, seriously and honestly, in the alleged goal and motive. I should like to emphasize the fact that one cannot understand the character structure of the plague-ridden individual if one does not take seriously the following facts: The plague-ridden individual acts under a *structural compulsion*; no matter how well-meaning he may be, *he cannot act but in the manner of the emotional plague*; acting in this manner is as much of his essence as the need for love or the truth is of the essence of the genital character; but the plague-ridden individual, protected by his subjective conviction, does not suffer under the insight into the harmfulness of his actions. A man may demand the custody of his child because he hates his wife who, say, was unfaithful to him; in doing so, he honestly believes to be acting "in the interest of the child"; he will be unable to correct this attitude when the child suffers under the separation from the mother and may even fall ill. The plague-ridden father will, secondarily, elaborate all kinds of rationalizations enabling him to maintain his conviction that he is acting "solely for the good of the child" when he keeps the child from the mother; he *cannot* be convinced that the *real* motive is that of a sadistic punishment for the mother. The plague-ridden individual—in contrast to the neurotic character—regularly develops an intense envy which goes with a deadly hatred for anything healthy. A character-neurotic spinster lives in resignation and does not interfere in the love life of other girls. A plague-ridden spinster, on the other hand, does not tolerate happiness in love in other girls; if she is an educator she will do everything in her power to

*make the girls in her charge incapable of experiencing happiness in love.* This applies to all life situations. The plague character will, under all circumstances and by all means, try to change his environment in such a manner that *his* way of living and thinking is not interfered with. He experiences everything which contradicts his ways as provocation and consequently hates and fights it. This is particularly evident in ascetics. The ascetic attitude is basically the following: "*Others should not be any happier than I was; they should suffer the way I did.*" This basic attitude, in every case, is so well camouflaged by an ideology or theory of life which is in itself quite logical that it takes a great deal of experience and thought to discover it. It must be said that European education, as recently as the early part of this century, followed this pattern.

### *c. In sexuality:*

In the genital character, the sexual life is essentially determined by the basic natural laws of the biological energy. To the genital character, joy in witnessing happiness in love in others is a matter of course, as is indifference toward perversions and repulsion toward pornography. The genital character is easily recognized by the good contact he has with healthy infants. To his structure, it is a matter of course that the interests of children and adolescents are largely *sexual* ones, and that the demands resulting from these biological facts should be fulfilled; this attitude is spontaneous, no matter whether there is, in addition, a corresponding knowledge. In the social life of today it is precisely such fathers and mothers—unless, by chance, they live in a favorable milieu which supports them—who are exposed to the great danger of being regarded and treated as criminals by the authoritarian institutions. They deserve the exact opposite, the maximum social



protection. They form centers in society from which one day will come the rationally acting educators and physicians; the basis of their lives and their actions is the happiness in love which they experience. Yet today, parents who would let children live completely according to healthy, natural laws would be in danger of being pulled into court by any ascetic with influence, and of losing their children.

The neurotic character lives in sexual resignation or engages secretly in perverse activities. His orgasmic impotence goes with longing for happiness in love. He is indifferent toward other people's happiness in love. He reacts with anxiety rather than with hatred when he comes in contact with the sexual problem. His armoring refers only to his own sexuality, not to that of others. His orgasmic longing is often elaborated into cultural or religious ideals which do little harm or good to the health of the community. He usually is active in circles or groups with little social influence. Many of these groups have doubtless cultural value, but they cannot contribute anything to the problem of mass mental hygiene because the masses have a much more direct and immediate attitude toward the question of a natural love life than they have.

The basic attitude just described, of the sexually harmless neurotic character, may, given certain external conditions, take on the form of the emotional plague at any time. What happens is usually this: the secondary drives which were held in check by the cultural and religious ideals, break through. *The sexuality of the plague-ridden individual is always sadistic and pornographic.* It is characterized by the *simultaneous existence of sexual lasciviousness* (because of incapacity for sexual gratification) and *sadistic moralism*. This fact is given in his *structure*; he could not change it even if he had insight and knowledge; on the basis of his structure,

he cannot be any different than *pornographically lascivious* and *sadistically moralistic* at one and the same time.

This is the core of the character structure of the emotional plague. It develops violent hatred against any process which provokes orgasmic longing and, with that, orgasm anxiety. *The demand for asceticism is directed not only against the self, but even more so, and in a sadistic manner, against the natural love life of other people.* Plague-ridden individuals have a strong tendency to form social circles. Such circles become centers of public opinion, which is characterized by a violent intolerance in questions of natural love life. These centers are everywhere and well known. They persecute severely any manifestation of natural love life under the guise of "culture" and "morals." In the course of time, they have developed a special *technique of defamation*; more about this later.

Clinical investigation leaves no doubt that to these circles of plague-ridden individuals, sexual gossip and defamation represent a kind of perverse sexual gratification. It is a matter of gaining sexual pleasure with exclusion of the natural genital function. Homosexuality, sexual intercourse with animals, and other perversions, are particularly often met with in these circles. The sadistic condemnation is directed against the *NATURAL*, and *not against the perverse*, sexuality of others. It is directed, furthermore, in a particularly violent manner, against the *natural sexuality of children and adolescents*. At the same time, it is as if blind toward any kind of perverse sexual activity. These people, who sit in secret court over the natural sexuality of others, as it were, have many human lives on their conscience.

#### *d. In work:*

The genital character follows the development of a work process in an active manner. The work process is left to take



*its own* course. The interest is essentially directed toward the work *process* itself; the result of the work comes about without any special effort, since it results spontaneously from the work process. *The product resulting from the course of the work process is an essential characteristic of biological joy in work.* These facts and considerations lead to a sharp criticism of all present methods of early upbringing in which the activity of the child is determined by an anticipated, ready-made work product. The anticipation of the product and the rigid determination of the work process chokes off the child's own imagination, that is, his *productivity*. Biological joy in work goes with the ability to develop *enthusiasm*. Compulsive moralism does not tolerate genuine enthusiasm, it tolerates only mystical ecstasy. A child which must build an *already given* house with *given* blocks in a *given* manner cannot utilize his imagination and therefore cannot develop any enthusiasm. It is not difficult to understand that this basic trait of authoritarian education owes its existence to the pleasure anxiety of the adults; it always strangles the child's joy in work. *The genital character guides the work achievement of others by his example, and not by dictating the product and the work methods.* This presupposes vegetative motility and the ability to let oneself go.

The neurotic character is more or less restricted in his work. His biological energy is essentially used up in the defense against perverse phantasies. The neurotic disturbance of work is due to the misuse of biological energy. For this reason, the work of the neurotic character is typically automatic, mechanical and devoid of joy. Since the neurotic character is incapable of genuine enthusiasm, he experiences children's capacity for enthusiasm as "improper"; just the same, he presumes, in a compulsion-neurotic manner, to determine the work of others.

The plague-ridden individual *hates*

work, for he experiences it as a burden. He flees any responsibility and particularly any work which involves patient persistence. He may dream of writing an important book, of doing an extraordinary painting, of working a farm; but since he is incapable of working, he avoids the step-by-step organic development inherent in any work process. This makes him inclined to become an ideologist, mystic or politician, in other words, to engage in activities which require no patience and no organic development; he may equally well become a non-working vagrant as a dictator in this or that realm of life. He has erected in himself a ready-made picture of life woven of neurotic phantasies; since he himself is incapable of working, he wants to force others to work on the production of this pathological picture of life. What Americans call "boss" in the bad sense of the word is a product of this constellation. The genital character, who guides a collective work process, spontaneously sets an example: he works *more* than the others. The plague-ridden individual, on the other hand, always wants to work less than the others; the less his work capacity, the less, as a result, his self-confidence, the more he presumes to tell *others* how to work.

The above differentiation is of necessity schematic. In living reality, every genital character also has his character-neurotic inhibitions and his plague reactions; similarly, every plague-ridden individual has in himself the *possibilities* of the genital character. Vegetotherapeutic experience leaves no doubt that such individuals afflicted with the emotional plague as fall under the psychiatric concept of "moral insanity" are not only curable in principle, but are capable of developing extraordinary capacities as regards intellect, work and sexuality. This again emphasizes the fact that the concept of "emotional plague" does not imply any deprecation. In the



course of almost 25 years of psychiatric work I have come to the conclusion that the tendency to fall victim to the emotional plague is a sign that the individual in question is endowed with particularly high quantities of biological energy. It is precisely *the high tension of his biological energy* which makes the individual fall victim to the emotional plague if, as the result of a rigid muscular and character armor, he cannot develop in a natural manner. The plague-ridden individual is a product of authoritarian compulsive education; he rebels against it, due to his greater capacities which remain unfilled, much more successfully than does the quiet and resigned neurotic character. He is distinguished from the genital character in that his *rebellion is aimless socially* and cannot bring about any rational changes in the direction of social betterment. He is distinguished from the neurotic character in that he *does not resign*.

The genital character masters his own emotional plague reactions in two ways: First, on the basis of his essentially rational character structure, he experiences his own plague reaction as alien and senseless. Second, he is rooted in rational processes to such an extent that he immediately senses the dangers to his life process as they might arise from his irrational tendencies. This enables him to control himself in a rational manner. The plague-ridden individual, on the other hand, derives so much secondary, sadistic pleasure from his behavior that he is inaccessible to any correction. The actions of the healthy individual derive, in an immediate manner, from the reservoir of biological energy. The actions of the plague-ridden individual, it is true, derive from the same reservoir, but with each action the energies have to break through the characterological and the muscular armor; as a result of this, the best motives turn into antisocial and irrational actions.

In passing through the character armor, *the actions change their function*: The impulse begins with a rational intention; the armoring makes a natural and organic development of the impulse impossible; this, the plague-ridden individual experiences as an intolerable inhibition; in order to express itself at all, the impulse first has to break through the armor; *in this process, the original intention and the rational goal get lost*. The result of the action contains very little of the original, rational intention; it reflects the *destructiveness* which had to be mobilized for the breakthrough through the armor. *The brutality of the plague-ridden individual, then, corresponds to the failure to break the muscular and character armor*. A dissolution of the armor is impossible, because a plague action does neither provide the orgasmic discharge of energy nor does it convey a rational self-confidence. In this manner, many contradictions in the structure of plague-ridden individuals can be understood. Such an individual may long for love and may find a woman whom he thinks he can love. When he proves incapable of love, he is driven to sadistic fury against himself or against the beloved woman, a fury which not infrequently ends in murder.

What characterizes the plague individual basically, then, is the *contradiction between intense longing for life and the inability to find a corresponding fulfillment in life*, resulting from the armor. The careful observer could notice that the political irrationalism in Europe was characterized precisely by this contradiction: the best intentions, with the logic of a compulsion, led to destructive results.

We shall now try to illustrate the above differentiations by way of everyday examples:

As the first example we take the *fight for the child* as it typically occurs in divorce cases. We have to expect one of three different reactions: the rational, the



character-neurotically inhibited, and the plague reaction.

*a. Rational:*

Father and mother fight for the healthy development of the child on rational grounds and with rational means. They may agree on principles in which case things are simple, or they may be of widely divergent opinions. In either case, they will, in the interest of the child, avoid the use of underhanded methods. They will talk frankly with the child and will let the child decide. They will not let themselves be influenced by their own personal interest in the possession of the child but will be guided by the inclination of the child. If one or the other marital partner is alcoholic or psychotic, the child will have to be made to understand this fact in a considerate manner as a misfortune which has to be borne. *The motive is that of avoiding damage to the child.* The attitude is determined by a relinquishing of personal interests.

*b. Character-neurotic:*

The fight for the child is hemmed in by all kinds of irrelevant considerations such as fear of public opinion. It is determined not by the interest of the child but by adaptation to public opinion. Character-neurotic parents adjust to the current views in such things, such as the tenet that the child, under all circumstances, should remain with the mother, or they leave the decision to some authority such as a court. If one or the other marital partner is an alcoholic or is psychotic, the tendency is that of sacrifice, of hushing up the facts, with the result that the child as well as the other marital partner suffer and are endangered: *divorce is avoided.* The motive of this behavior is the motto: "Let's not make ourselves conspicuous." The attitude is determined by *resignation.*

*c. Emotional plague:*

The interest of the child is regularly a *pretended*, and, as the result shows, an *unfulfilled* motive. *The true motive is revenge on the partner through robbing him or her of the pleasure in the child.* The fight for the child, therefore, makes use of the technique of defaming the partner, regardless of whether the partner is healthy or sick. The lack of any consideration of the child is expressed in the fact that the child's love for the other partner is not taken into account. In order to alienate the child from the partner, it is told that the partner is an alcoholic or psychotic, without there being any truth to such statements. *The result is damage to the child, the motive is destructive revenge on the partner and domination over the child, but not love for the child.*

This example allows of infinite variations, but in its basic traits it is typical and of general social significance. A rational jurisdiction would have to give primary consideration to such distinctions in passing judgment. It is safe to assume that divorces will increase considerably in numbers, and it is also safe to say that only the correctly trained psychiatrist and therapeutic pedagogue can estimate the extent of damage done by such reactions of the emotional plague in divorces.

Let us take another example in which the emotional plague rages far and wide: the infidelity of a love partner.

*a. Rational:*

In the case of threatening or actual "infidelity" of the love partner, the healthy individual reacts, in principle, in one of three ways: 1. with factual separation from the partner; 2. with competition and an attempt to regain the love partner; or, 3. with toleration, if the new relationship is not too serious and is of a transitory character. In this situation, the healthy individual does not take flight into neurosis; he does not make any demands of posses-



sion; and he shows anger only if what is happening takes on forms which are not decent.

*b. Character-neurotic:*

The infidelity is either suffered masochistically, or the armor prevents its cognisance. There is severe fear of separation. Very often, there is flight into neurotic illness, into alcoholism or hysterical attacks, or resignation.

*c. Emotional plague reaction:*

Infidelity, as a rule, is not the result of falling in love with another partner, but is motivated by weariness of the partner or revenge on the partner. On the part of the wronged partner, there are attempts of various kinds to hold him in the house, to break him down by hysterical attacks, to dominate him by scenes of the most abominable kind, or even to have him watched by detectives. Often, there is flight into alcoholism in order to facilitate the brutalization of the partner. The motive is not love for the partner, but lust of power and possession.

The tragedies of jealousy constitute a large sector of the activity of the emotional plague. There are at present neither medical or social nor legal views and measures that would take this vast and desperate realm of life into account.

We shall now consider a particularly impressive and typical mode of reaction of the emotional plague, a reaction which we call the SPECIFIC PLAGUE REACTION.

The specific plague reaction likes to make use of sexual, that is, moral, defamation. It functions in a way similar to the mechanism of projection in delusions of persecution: In this case, a perverse impulse which has broken through the armor is displaced to persons or objects of the outer world. What in reality is an inner impulse is misinterpreted as a threat from the outside. The same is true of

sensations arising from vegetative plasma currents: what to the healthy individual is part of his joyful experiencing of life becomes to the schizophrenic—as a result of his character armor—a mysterious machine which allegedly is used by some enemy to destroy the patient's body by means of electric currents. These delusional mechanisms of projection are well known in psychiatry. The mistake which psychiatry made was that of restricting such mechanisms of projection to psychotic patients. It overlooked the fact that precisely the same mechanism of projection is at large in social life in the form of the specific plague reaction in allegedly normal people. This is what we shall go into now.

The biopsychic mechanism is the following: Compulsive moralism in education and in life creates sexual lasciviousness. This has nothing in common with the natural need for love; it represents a true secondary impulse, like, say, sadism or masochism. Since vegetative aliveness in the natural experience of pleasure no longer exists, lasciviousness and sexual gossiping take its place, as a secondary, compulsive drive. Now, just as the schizophrenic projects his vegetative currents and his perverse impulses to other people, and experiences them as a threat emanating from them, so does the plague-ridden individual project his own lasciviousness and perversity to other people. In contradistinction to the psychotic individual, he experiences his own impulses which he projects to other people not in a masochistic way as a threat. Rather, he uses gossip and defamation in a *sadistic* way, ascribing to others what he does not dare to take cognisance of in himself. This is true of natural genitality as well as of the secondary, perverse impulse. The way of living of the genitally healthy individual reminds the plague-ridden individual painfully of his own genital weakness and thus represents a threat to his neurotic equilibrium.



All that remains for him to do is to drag into the dirt the other fellow's natural genitality, according to the principle of the sour grapes. Since, furthermore, he is not able completely to hide his lasciviousness behind the appearance of ethical moralism, he ascribes his lasciviousness to the victim of his gossiping. In every case of this kind of plague reaction, one will find that precisely those characteristics are being ascribed to the healthy individual against which the plague-ridden individual fights in himself in vain, or which, *with a bad conscience*, he is living out.

We shall now illustrate the specific plague reactions with a few examples from everyday life:

There is a type of "intellectual" who always talks of "cultural values." Such people keep referring to the classics without ever having understood or experienced the serious problems portrayed by, say, a Goethe or a Nietzsche. At the same time, they are cynical and consider themselves modern and liberal, untrammelled by convention. Incapable of a serious experience, they consider sexual love a kind of game about which one makes clever jokes, intimating how often one played the "game" the previous night, etc. The serious listener to such talk, who knows the abysmal sexual misery of the masses of people and the destructive role played by the lack of sexual seriousness, knows this lasciviousness to stem from sex hunger as it results from orgasmic impotence.

Such "cultured" individuals are apt to consider sex-economy, which—against the greatest obstacles—seriously fights the emotional plague in the masses of people, as the product of a distorted mind. They keep talking of "cultural values" which have to be upheld, but they become furious when somebody translates this talk of the cultural values into social practice on a mass scale. Such an individual happened to meet a woman who intended to come to study with me. The subject of my work

came up, and he warned her, saying he would not send his worst enemy to me, since, as he said, I was the "director of a brothel, without license." He immediately covered up this statement by saying that I was an excellent clinician. This defamation—which bears all the earmarks of the specific plague reaction—made, of course, the rounds. The woman came to study sex-economic pedagogy with me just the same and soon understood what we call the emotional plague.

In such situations, it is difficult to remain objective and correct. One cannot give in to one's understandable impulse to beat up such an individual, for one wishes to keep one's hands clean. To ignore such a happening means doing precisely what the plague-ridden individual counts on so that he can continue his social mischief. There remains the possibility of a libel suit. That would mean, however, fighting the emotional plague not *medically*, but by descending to its own level. One becomes inclined, then, to let matters take their course, at the risk that similar plague-ridden individuals take hold of the matter and that among them is some "scientific historian" who writes one down in history as a secret brothel keeper. The matter is important because the emotional plague has succeeded again and again in smashing honest and important achievements by such rumors. This makes the fight against the emotional plague a social necessity, for it is more destructive than thousands of guns. One only has to read in Lange's *GESCHICHTE DES MATERIALISMUS* what defamations were suffered by De la Mettrie, the 17th century pioneer in natural science. He had not only correctly comprehended the essential connections between perception and physiological stimulus, but had even correctly described the connection between the mind-body problem and the biological sexual process. That was too much for the Philistines whose number is



ever so much greater than that of honest and courageous searchers. They began to spread the rumor that De la Mettrie could develop such concepts only because he was a "libertine." In this manner has come down to us the rumor that he died from eating a pie with which he gorged himself in the typical manner of the voluptuary. Not only is this nonsense, medically speaking. It is a typical example of plague-ridden rumor-mongering, which, taken over by human organisms incapable of pleasure, comes down to posterity, defiling a decent name without any rhyme or reason. It is easy to see what catastrophic role such plague reactions play in social life.

I shall cite another example, one in which the projection mechanism of the emotional plague, in the form of a defamation, is even more clearly evident. Back in Norway, I heard that a rumor was going around to the effect that I had developed schizophrenia and had spent some time in a mental institution. When I came to the United States in 1939, I found that this rumor had become widespread in this country, even more so than in Europe, where my work was better known. It soon became evident that the rumor emanated from the same European source, a person who had since moved to America.<sup>1</sup> The situation did not lack a certain irony: This person, shortly after my break with the Psychoanalytic Association, had suffered a nervous breakdown and had to spend some weeks in a mental institution. This I learned from a University professor who was fully informed. The accident of the nervous breakdown apparently gave the later rumor-monger quite a shock. At

<sup>1</sup> *Translator's note:* On my return from Oslo in 1939, I spent a few days in Zürich where I told a former psychiatric colleague that I had been working with Reich. Much surprised, he said: "But So-and-So said Reich had become schizophrenic." "So-and-So" was the person in question. Soon after my return to the States, I learned from an acquaintance that his analyst had told him the same thing: "So-and-So [again the same person] told me Reich was schizophrenic."—T. P. W.

that time, he found himself in a difficult conflict: On the one hand, he realized the correctness of my scientific development; on the other hand, he was incapable of breaking with an organization which had come into sharp conflict with my development. As is apt to happen in such cases, he grasped the opportunity of diverting attention from himself to me, who at that time was in the center of dangerous polemics. He was convinced that I was hopelessly lost, and the temptation to give me an additional push was too great. His reaction was a projection according to the specific pattern of the emotional plague. I had never been psychotic or in a mental institution. Rather, I have carried the heaviest burden to this day without disturbances of my capacity for work and for love. After all, a mental disease is not in itself a disgrace. Like any decent psychiatrist, I have deep sympathy for mental patients and often even admiration for their conflicts. A mental patient is much more serious, much closer to living functioning, than a Babbitt or a socially dangerous plague-ridden individual. This defamation was intended to ruin me and my work. It led to some dangerous and difficult situations. For example, in many students I now had the additional task of convincing them that I was *not* psychotic. In certain phases of vegetotherapy, a specific mechanism of the emotional plague makes its appearance in a typical manner: As soon as the patient or student comes in contact with his plasmatic currents, he develops severe orgasm anxiety. In this phase, the vegetotherapist is considered a "dirty, sexual swine" or as "crazy." I emphasize the fact that this reaction occurs in all cases. Now, most of the students had heard of the rumor in question. The theory of sex-economy is in many ways so revolutionary that it is very easy to call it "crazy." It must be said that, as a result of this rumor, complicated situations became



such as to be a danger to life. Such consequences of a plague reaction should be made impossible by all available legal means. I owe it only to my clinical experience that I was able to master the dangers resulting from this rumor.

When, a few years later, it was talked about that my scientific work was incompatible with the diagnosis of schizophrenia, our rumor-monger altered his statement in an almost humorous manner. Now he said that I had "recovered" from my schizophrenic disease.

The specific reactions of the emotional plague are seen with particular frequency in political life. In recent history, we have seen again and again how imperialistic dictatorships, with every new act of aggression, ascribe to their victim the very intention which they had themselves and which they proceeded to put into action. Thus, Poland was accused of secretly planning to attack the Reich, that one had to anticipate such an action and thus was justified in attacking Poland, etc.

If we go back only a few decades in the history of politics we find the famous Dreyfus case: High members of the French General Staff had sold plans to the Germans; in order to cover themselves, they accused Dreyfus, an innocent and decent captain, of their very crime, and succeeded in having him banned to a far island. Without the courageous action of Zola, this specific plague reaction would not even have been uncovered. If politics were not governed to such a far-reaching extent by the laws of the emotional plague, it would be a matter of course that such catastrophes could not happen at all. But since the emotional plague governs the formation of public opinion, it succeeds again and again in presenting its misdeeds as a regrettable miscarriage of justice, only to be able to continue its mischief.

If one takes the trouble of really studying the working of the emotional plague

in high politics, one is hard put to it to believe in history. Is it possible, one must ask oneself, that the clericalism of a political dictator, or a love affair of a king, should be able to influence the weal and woe of several generations, of millions of people? Does irrationalism in social life really go that far? Is it really possible that millions of adult, industrious people do not know this, or even refuse to acknowledge it?

These questions seem peculiar only because the effects of the emotional plague are too fantastic to be felt really to exist. Human reasoning apparently refuses to admit that such nonsensicality should be prevailing. It is precisely the gigantic illogicality of such social conditions which safeguard their continued existence. I would like to ask the reader to take this contradiction between the *immensity* and the *incredibility* of the emotional plague as seriously as it deserves to be taken. I am deeply convinced that not one social evil of any dimension can be effaced from the earth as long as public consciousness refuses to accept the fact that this nonsensicality actually exists and that it is actually so gigantic that it is *not* seen. Compared with the immensity of the social nonsense which is constantly nourished by the well-rooted emotional plague, the basic social functions which govern the life process, *love, work, and knowledge*, appear dwarfish; more than that, they appear socially ridiculous. This is not difficult to see:

We know from extensive medical experience that the problem of adolescent sexuality, unsolved as it is, has a much more far-reaching effect on social life and moral ideologies than say, a tariff law. Let us imagine a parliamentarian, who happened to be a physician, suggesting to his government an extensive presentation and parliamentary discussion of the problem of puberty. Let us imagine, further, that this parliamentarian, after his suggestion



was turned down, would use the method of filibuster. This illustration shows clearly the basic contradiction between everyday human life and the form of administration which governs it. If we consider the matter calmly and factually, we find that there would really be nothing extraordinary in a parliamentary discussion of the problem of puberty. Everyone, including every parliamentarian, has gone through the hell of the sexual puberty neurosis. Nothing in life can compare in severity and significance with this conflict. It is a problem of general social interest. A rational solution of the puberty problem would, at one stroke, eliminate a number of social evils, such as adolescent criminality, the misery attending divorces, the misery governing early upbringing, etc. Thus, we will have to consider the demand of our hypothetical parliamentarian as completely rational and useful. But at the same time we will feel ourselves shrink from it. Something in us recoils from a public, parliamentary discussion of the puberty problem. This "something" is precisely the intention and the effect of the social emotional plague which strives constantly to preserve itself and its institutions. It has divided social life in a private and an official life. Private life is excluded from the public stage. Official life is asexual toward the outside, and pornographic or perverse inside. It would immediately be identical with the private life, and would correctly represent everyday life in large social forms if this chasm did not exist. This unification of life as it is lived and of social institutions would be simple and uncomplicated. But then that sector in the social structure would automatically disappear which not only does not contribute anything to the continuation of social life but which, periodically, and again and again, brings it to the verge of disaster. This sector is what is called "high politics," in all its aspects.

The maintenance of the chasm between the actual life of a social organism and its official façade is a violently defended intention of the emotional plague. This is why the emotional plague regularly becomes destructive when this chasm is approached in a factual and rational manner. Again and again, it was representatives of high politics who proceeded against a spreading of the sex-economic realization of the connection between the biological organism of the animal, man, and its state. This procedure, in its *mildest* form, is somewhat like this: "These 'sex philosophers' are immoral sores of the body social which continue to break open from time to time. Unfortunately, it is true that the animal, man, has a sexuality; it is a deplorable fact. For the rest, sexuality is not everything in life. There are other, more important questions, such as economics and politics. Sex-economy exaggerates. We would be much better off without it."

This argument is regularly met in the individual treatment of a biopathy or the training of a student. It is an unequivocal fact that this argument stems from orgasm anxiety and is made in an attempt to avoid having the resignation disturbed. Confronted with this same argument in a public meeting, say, one on mental hygiene, one cannot disarm the representative of cultural and other "values" by pointing to his personal armoring and pleasure anxiety. The sex-economist who did that would find that the meeting was *against him*, for its members have these character traits, and the irrational argument stemming from them, in common with the adversary. This is the point in the dispute at which many a physician or teacher has suffered shipwreck. But there is an irrefutable, purely logical argument which, according to our experience, is successful:

We agree with the adversary: It is perfectly true that sexuality is not everything



in life. We can even add the further fact that in healthy individuals sexuality is not a subject for talk and not in the center of thinking. Why, then, we must ask, does sexuality—in spite of these facts—assume the central spot in the life and the thinking of people? Let us illustrate by an example:

It goes without saying that the circulation of the steam in a factory is the prerequisite of its functioning. Yet, the workers in this factory never give a thought to the circulation of the steam; they are completely concentrated on the manufacture of their product. The steam energy is indeed not "everything"; there are other, more important interests, such as the making of machines, etc. But let us assume that suddenly some valves in the circulation system get stuck: the circulation of the energy ceases, the machines stop, and with that, the work. Now, the workers' attention becomes centered exclusively on the disturbance of energy circulation, and on how it could be remedied. But what if some workers were to argue as follows: "This silly heat theory exaggerates the role of the steam. Yes, it is true that the steam is necessary, but, by golly, that is not everything. Don't you see that we have other interests, that there are economic factors to be considered?" In this case, these "wise guys" would simply be laughed at and one would first try to eliminate the disturbance in steam circulation before one would "think of other things."

In such a situation is the sexual problem in our society. The flow of biological energy, of sexual energy, is disturbed in the overwhelming majority of people. This is the reason why the biosocial mechanism of society does not function properly or does not function at all. This is why there is irrational politics, irresponsibility of the masses of people, biopathies, murder and manslaughter, in brief, the emotional plague. If all people

were able to fulfil their natural sexual needs without disturbance, there would be no talk about the sexual problem. Then one would be justified in saying that "there are other interests."

The tremendous effort of sex-economy consists precisely in trying to help these so-called "*other*" things *get their proper due*. That today everything revolves around sexuality is the surest indication of a severe disturbance in the flow of sexual energy in man, and with that in his biosocial functioning. Sex-economy strives to unlock the valves of the biological energy flow so that, as a result, "*other*" important things, such as clear thinking, natural decency, and joyful work, can function, so that, in other words, sexuality, in its prevailing pornographic form, ceases to comprise *all* thinking as it does today.

The disturbance of energy flow, as just described, acts deep down as the basis of biosocial functioning and thus governs all functions of man. I doubt that the basically biological character of this disturbance has been comprehended even by some sex-economists in its full measure and depth. Let us study this depth, and the relationship of sex-economy to other natural sciences, by way of the following example:

Let us compare the natural sciences who leave out of consideration the basic biological disturbance which we just described to a group of railroad construction engineers: These engineers write thousands of books, all of them most exact, about the size and material of doors and windows, seats, etc.; about the chemical constitution of the steel and wood, the strength of the brakes, about speeds, arrangement of stations, etc. Let us assume that, in a typical manner, they regularly leave out *one* definite thing: they leave out the steam energy and its functioning. The natural sciences do not know the functional exploration of living function-



ing. They can be compared, therefore, to these engineers. The *sex-economist* cannot do his work unless he comprehends fully that he is the *engineer of the life apparatus*. It is not of our doing that, as engineers of the life apparatus, we have to deal first and all with biosexual energy. Nor is there any reason why this fact should make us feel inferior. On the contrary: we have every reason to be proud of our hard work.

One will ask how it was possible that the raging of such a plague could be overlooked so thoroughly and for such a long time. The point is that this obscurity is part of the essence of the emotional plague. The impossibility of seeing it and seeing through it is the intention and success of the plague. As I have said before, the immensity of the pandemic was too obvious to be remarkable (Hitler: "The bigger the lie, the more readily is it believed"). Before the development of character-analysis, there was no scientific method for the discovery and understanding of the emotional plague. Politics not only appeared to have its own kind of reason; not only did nobody have an inkling of the irrational character of the political plague; the plague even had at its disposal the most important social means of preventing a recognition of its nature.

In every case of treating a biopathy or of changing the character structure of a physician or teacher we run into the emotional plague in the form of characterological resistance reactions. In this way, we learn to know it clinically. Clinical experience fully justifies our contention that there is no human being which the emotional plague has left undamaged.

Another way in which we become acquainted with the emotional plague is the reaction to the scientific discoveries of sex-economy. The bearers of the emotional plague may not be at all affected directly by the effects of our scientific work; they may be quite unacquainted with it; yet,

they have sensed the disclosure of the emotional plague as it took place in the studies of the character-analysts, and felt it to be a threat. To this, they reacted with the means of defamation and the specific plague reaction, long before any of the sex-economists were aware of the fact that they were entering upon the hardest struggle in which physicians and teachers had ever engaged. By well-disguised and rationalized actions, the plague knew how to prevent its unmasking. It behaved like a criminal in dinner dress whose mask is torn from his face. For more than a decade, it was successful; it almost succeeded in securing its continued existence for centuries more. It would have succeeded if it had not made its appearance, in an all too disastrous and often revealing manner, in the form of dictatorships and mass infections. It stirred up a war of undreamed-of proportions, adding it to chronic, everyday murder. It tried to hide behind the "interests of the state," behind "New Orders," and the "demands of the race." For years, a psychically sick world gave it credence. But it betrayed itself too thoroughly. It has come in conflict with the natural feeling for life in all people; for there is no family or profession which it left untouched. That which the character-analytic vegetotherapist had learned to comprehend and to master in his study suddenly converged into *one* with the manifestations of the world catastrophe. The basic traits were the same on the large scale as on the small one. In this manner, the emotional plague itself came to the aid of natural science, of a few psychiatrists and educators. The world began to ask about the nature of the emotional plague and expects an answer. It will be given to our best knowledge. Every conscientious person will discover the emotional plague in himself and thus will begin to understand what it is that again and again brings the world to the verge of disaster. The "New Order," as



always, has to begin in one's own house.

The disclosure of these hidden activities and mechanisms of a distorted life has two aims: First, the fulfilment of a duty toward society; if, in the case of a fire, the water supply fails and there is someone who knows the location of the trouble, it is his duty to name it. Second, the future of sex-economy and orgone biophysics has to be protected against the emotional plague. One is almost inclined to feel grateful to those who, in 1930 in Austria, in 1932 and 1933 in Germany, in 1933 in Denmark, in 1934 in Luzern, in 1934 and 1935 in Denmark and Sweden, and in 1937 and 1938 in Norway, ganged up on honest but guileless work on the human structure; grateful for having done away with such guilelessness and having opened one's eyes for a socially dangerous, though pathological, system of defamation and persecution. If a burglar goes too far and becomes careless, he risks being caught and put out of commission. About 10 years ago, the bearers and spreaders of the emotional plague still felt secure. They were sure of their victory and, in fact, it looked for years as if they were going to succeed. Only great perseverance, deep roots in natural-scientific work, and independence of public opinion, prevented their success. The emotional plague has never rested until it had annihilated great achievements, the fruits of human industry and search for truth. I do not think that it has succeeded this time, or that it will succeed. It is the first time that the emotional plague has met not merely with decent sentiments but with the necessary knowledge of life processes, processes which, to an increasing degree, prove their superior strength. It was the strength and the consistency of sex-economic natural science which made it possible for me to recover from the heavy and dangerous blows from the emotional plague. If that was possible, then the greatest difficulty seems overcome.

With regard to my person and my work, I would like to ask the reader to consider a simple fact: Neurotic psychoanalysts call me schizophrenic; fascist Communists fight me as a Trotskyite; sexually lascivious persons accuse me of keeping a brothel; the German secret police pursued me as a Bolshevik, the American secret police as a Nazi spy; domineering mothers want me to be known as a seducer of children; charlatans in psychiatry call me a charlatan; future saviors of the world call me a new Jesus or Lenin. All this may be flattering or not. In addition, as I have shown, I am engaged in other work which takes up all available time and strength: the work on the irrational human structure and on the study of the cosmic life energy discovered a few years ago, in brief, my work in sex-economy and orgone biophysics.

Great writers and poets have described and fought the emotional plague ever since it has been raging. However, these great literary achievements *have remained, on the whole, without social effects*. They were neither organized nor have social administrations made them the basis for life-furthering institutions. True, monuments were erected for these masters of literature, but it looks all too often as if the emotional plague had succeeded in building a gigantic museum in which all achievements were locked up, disguised by false admiration; achievements which, each by itself, had been sufficient to build a reasonable world if they had been taken seriously in a practical manner. Thus, I am far from being the first who tried to comprehend and fight the emotional plague. I only believe myself to be the first worker in natural science who, by the discovery of the orgone, provided a solid scientific basis on which the emotional plague can be *understood* and *mastered*.

Today, five, eight, ten and fourteen years after different unexpected and incompre-



hensible catastrophes, my standpoint is the following: *Just as the bacteriologist sees his lifework in the elimination of infectious diseases, so is it the task of the sex-economist to disclose the nature of the emotional plague and to fight it as a ubiquitous disease.* The world will become accustomed to this new field of medical work. One will learn to comprehend the emotional plague in oneself and outside one, and will appeal to scientific centers instead of the police, the district attorney or the party leader. The police and the district attorneys too, and even saviors, have an interest in mastering the emotional plague in themselves and outside of themselves. For the police and the district attorney deal with biopathic criminality, and the savior with the helplessness and the mass biopathies of humanity. From now on we shall consider it a crucial criterion whether somebody in his discussion with us uses the means of the police and of political persecution, or whether he uses the means of scientific discussion. This will show who is plague-ridden and who is not. It may be said at the outset that we shall not enter into political discussion. On the other hand, we are always ready for scientific discussion; more than that, we are waiting for it.

I believe the time has come when the helplessness in the face of the emotional plague begins to pass. Up until now, one experienced its attacks as one experiences the falling of a tree or the falling of a stone from a roof: such things, one says, happen; either one is lucky and does not get hit, or one is unlucky and gets killed

or maimed. From now on we know that the tree does not fall by accident and the stone does not fall harmlessly. We know that in either case some disturbed human, keeping himself hidden, causes the falling of the tree or the stone. From that, everything else follows by itself.

We cannot believe in a satisfactory human existence as long as biology, psychiatry and pedagogy do not come to grips with the universal emotional plague and fight it as ruthlessly as one fights plague-transmitting rats. Extensive, painstaking and conscientious clinical investigation makes unequivocally clear the fact that *one thing alone, the re-establishment of the natural love life of children, adolescents and adults can eliminate from the world the character neuroses, and with the character neuroses the emotional plague in its various forms.* If, then, some physician causes a suit to be brought against some sex-economist because of this or that "illegal activity"; if a politician reports a sex-economist to the police because of "income tax fraud," or "seduction of children," or "espionage," or "Trotskyism"; if we hear rumors that this or that sex-economist is psychotic, that he seduces his patients, that he keeps a brothel, etc., then we know that we are dealing with political and not with scientific discussion. The by-laws of the Orgone Institute, with its training requirements, and the demands of our daily work are a guarantee to the community that it is precisely we who wage a vigorous fight against these basic traits of the emotional plague.



## COEDUCATION AND SEX

By A. S. NEILL

Coeducation without freedom is a poor compromise. There are schools in which coeducation means that boys and girls are at the same school, but never meet unless carefully watched. Our coeducation in Summerhill is real: both sexes mix the whole day long, use the same lavatories and baths, the same cuss words. Both sexes know that masturbation is not frowned on and that sex isn't a thing for moral talks and warnings. When a beautiful girl of 15 at a General Meeting said, "I propose that we all use piss-pots and carry them up to Neill's compost heap," the only person in the room who sniggered was a religious visitor. Our attitude to excrement and sex is as natural as one as is possible in our warped civilization.

Good. Summerhill is a school in which there is freedom, that is, you can do what you like so long as you don't interfere with others, so that recently Toddy, who fancies himself as a hot trumpeter, was forbidden to practise during lesson hours— forbidden by the community of course, not by me. There is no compulsion nor even suggestion about going to lessons, and all laws are made by the community. But . . . I am often asked the question: "Should not Summerhill freedom lead naturally to sexual freedom? Why don't you allow your adolescents to sleep together?" And since I first met my friend Reich and realized how much of a genius he was and is, the question has troubled me a lot. Of course freedom should lead to sex freedom. It does to an extent. There are love affairs, naturally, and the older ones ask me: "Why don't you provide us with contraceptives?" My answer is usually so: "I don't because I am a coward.

I fear that the Ministry of Education would end my career as a school director, and, another important aspect, I have sounded your parents on the subject and the great majority hold that sex must wait till much later. So that, provided I was brave enough to provide you with contraceptives, the fact would have to be hidden from your parents, and a sex life with hidden guilt towards your parents would be hopeless and unsuccessful."

One evil consequence is that fear becomes attached to sex, fear of pregnancy. Adolescents seldom have money enough to buy contraceptives, and if they do they can only afford cheaper and unsafe brands, so that a girl in my school said to me: "I want to sleep with Tom but I am scared of having a kid. God, wouldn't there be a stink at home!"

At the same time I hold that having to wait a few years isn't so bad when adolescents have no personal feeling that sex is sin. After all there are a few million men today who are away from their women, many of them not having the pale substitute for love that hired women afford them. They have to be celibate, and their sex is being transformed into hate and fear and aggression. What I mean is that sex controlled by outside factors (in the case of Summerhill, society and fear of damaging the school) is infinitely better than a non-sex life due to inhibitions. It is the old story of repression. If I have two conscious wishes—to go to church and to go to the public house—and I chose one (the pub of course) I make a deliberate conscious choice, and reject the other wish. But if I am invited to go and have a quick one, while unconsciously I feel I should be doing my duty as an



usher in the evening service, I shall not enjoy thoroughly my drink. In repression one factor or wish is unconscious, and in adolescent sex, if and when the youth has no acquired unconscious feeling that sex is evil and leading to hell fire, the limitations of society will not have a deep damaging result.

Lecturing the other night I was asked this question: "How do your boys fit into the discipline of the army after a youth of freedom and self-determination?" My answer was: "I have put the same question to old boys returning on leave. I have said to them: 'How can you, after 12 years of freedom, put up with the stern discipline of the army?'" And they all smiled and said it was quite easy. I was puzzled until the explanation dawned on me. Under early discipline the child acquires an authority complex, fearing parents, teacher, and later policeman and army sergeant. When treated with discipline he resents it inside, goes stiff and hates the disciplinarian. My boys have none of this inner authority complex, and when they meet a strict officer, when they have to click their heels and salute, when they have to obey without question, nothing inside makes them resent the discipline. As one of them put it to me: "I take it for what it's worth. If you have to have wars and armies you've got to have discipline even if some of it is just damned silly."

I take it that what applies to discipline and authority applies also to sex. If one has inner freedom about sex, outer restrictions do not cause the misery that internal inhibitions will cause. But, all the same, the situation is an unsatisfactory one, for youth should have a sex life when it is biologically ready for one.

Sex instruction as such I do not consider so important as the attitude to sex a school affords. Natives probably know very little about sex anatomy, yet their ignorance does not seem to mar their full

sex life; hence I am just a little doubtful about an elaborate scheme of sex instruction that starts with the bees and the pollen and ends with a thou-shalt-not. The school of tomorrow will have instruction on the art of love-making, ignorance of which today makes many a marriage unsuccessful, but I cannot see such instruction being given in groups; it is likely that a group emotion about sex would be the wrong one, and I use the word emotion deliberately, for no lesson on the technique of making love can be, or should be, divorced from its emotional content. I can imagine a specialist saying to Mr. Brown in private: "You must do such and such to your wife before you go on to the final consummation," but I can't see him saying to a gathering of men: "You men must, etc." Maybe my Calvinistic upbringing, but sex is a private thing at present and I feel it should be treated privately, but not so when children are young and are in the pre-potency stage. You can and must tell young children about sex even if they only get it intellectually. Knowledge in itself is a minor matter; it is the feeling that is important. There never has been any evidence that doctors who know their anatomy are better love-makers than plumbers or lawyers. I say, therefore, that it is the attitude that matters, the looking on sex as a natural thing, divorced, as Reich says, from procreation. To a man who recently tried to tell me that sex should never be used unless for procreation, I answered: "You eat bread and meat to nourish your body, but when you eat chocolate you are eating primarily for pleasure. Why don't you apply the same argument to sex?"

I am sure that only a healthy attitude to sex will abolish prostitution (wedded or the other kind), and do away with promiscuity. I am not quite convinced that Reich is right in holding that a love partnership should be such that neither will want to sleep with another (not quite



convinced, indeed, that Reich says so!). I see youth trying experiments, it may be neurotically seeking an old buried love, yet youth is easily stirred by attraction in the opposite sex. Here one can't be certain, for in a repressed civilization one cannot view the normal easily. What happens is that the film star arouses sex desires in the young that cannot be expressed, and I think D. H. Lawrence was right in holding that the sex film leads to much masturbation. That would be no danger if masturbation were looked upon as natural and necessary today; indeed, the first step in a free sex attitude is the abolition of the guilt tradition in masturbation. Sexual intercourse is too often masturbation on promotion, and since, as one of my pupils has it, masturbation is the pale shadow of sex, such intercourse must be frigid and impotent.

When someone asked me what my aim in education was, I replied: To produce children who later on won't need to be psychoanalyzed. This seems to me to be an obvious aim. Analysis, even the best (Reichian) should be unnecessary. You can't analyze the U.S.A. and Europe in a consulting room at so many dollars a session. The American, Williams, in his book, *SOVIET RUSSIA FIGHTS NEUROSIS*, showed that after the revolution Russia was trying to do by mass means what the analysts were doing in consulting rooms, but now Russia has abolished coeducation and tightened up the sex laws, so that we cannot look for salvation there. The only way is freedom in education, especially freedom from adult moralists and clergymen and kill-joys. This bloody war with all its agony and sorrow and misery will help youth in this way, that youth has had the chance to get away from age for five years, the chance to get away from home. Home should not be a dangerous place, but it is today, and its sex taboos and adult authority fix forever the incestuous loves and hates that are in danger

of destroying humanity altogether. So that in my new book, *HEARTS, NOT HEADS*, I have a chapter advocating universal boarding schools for all children until such a time when the home will no longer be suppressive and anti-youth.

Here in Britain I am glad to say that Reich's work is becoming known. The pedants and professors and scientists refuse it bitterly, but among the laity and workers his new message is popular. His name is often mentioned in my school, by staff and older pupils, and the *JOURNALS* are so popular that I can never find a copy when I want to. The encouraging fact is that while age and the academic mind talk of Reich as a charlatan, youth accepts him without any doubt whatever. As one girl of 18 said to me: "I just know that Reich is right." At the age of 60 I echo that remark, and today when a woman asked me what I thought of his orgone theory I simply replied: "I can't grasp it, having no scientific training, so that I can't give an opinion of its rightness or wrongness; only, I know that he is so right about psychology that I take it for granted he is right about the orgone." A childish answer, to be sure, but I mention it because I find that youth has a similar attitude. I praise Reich even though the man has made me (a Scot) lose money, for since I took up his sex-economy I have lost pupils whose parents were afraid of sex.

At the same time I realize that there is and should be no salvation in a name, whether that name be Darwin, Marx, Freud, or Reich. My view is that a movement takes place in the underground of humanity, the melting-pot, so to say; one or two men, in whom the process has gone farther, raise their heads and become leaders. The genius is the man who is a step ahead of the other fellow in consciousness. Without the potential support from the underground movement the big man would get nowhere. So in the case of



Reich, he made conscious what many people, especially young people, were almost conscious of themselves, and when he led they cried, "Why, this is what we have been looking for." It is possible that in the future the people will not need their great men, possible that the lead will come spontaneously from the group, not the individual.

Reich's sex-economy comes at its proper time in evolution. For myself I think that Reich overemphasized the dangers of martyrdom for pioneers in sex reform. The public is just about ready for it, although today I grant that you can say or write what you like, whereas if you put your sayings into practice society will kill you. You can preach free sex for youth, but if you take a hand in making it practical, society will kill your work. I know that if I handed out money for contraceptives, gave an "undress allowance" so to speak, the Education authorities would close my school as an immoral blot on a noble profession. True, but the mere fact that one can advocate sex freedom openly and get a public for the advocacy, shows that we are on the edge of a new tomorrow. Moralists can put the clock back, but putting the clock back does not alter the time—the time for youth's freedom. When the only answer to the question of venereal disease is the official one of the British Board of Health and the Church of England, that the best remedy is abstinence, youth remains sceptical and unconvinced. Many already are prepared to see in the new sex morality of love and freedom the cure for venereal and bought sex. Hence I am not pessimistic about the future, especially after hearing a young lady say: "I wish Reich weren't such a damned moralist!" Youth has its eyes open.

There is one difficulty in this sex-economy business: one so often hears the complaint, "Why make sex the center? It isn't everything. There is art, science, work,

economics, play." Many Communists pooh-pooh the sex element, and a prominent English Party Member tells me that when man is free economically, all complexes will vanish, and he will live happily ever afterwards. He dismissed airily my mild suggestions that Communism won't necessarily make one child feel that mother loves Billy more than she does him, and that a Commissar may not automatically be free from sex inhibitions which he will transfer to his children. And there is the answer to so many Freudians . . . "Why should Reich hold that he alone knows what a perfect orgasm should be? Why should we adopt his criterion of an orgasm anyway?" Others say: "Sex, of course, but what of the other main instinct, eating? Sex has become of exaggerated importance because man eats the wrong food, and with so many stimulants (alcohol, tea, coffee, tobacco, etc.) his sex becomes abnormally stimulated and artificial." The answer to this is that the Trobriands who live on natural food seem to have a sex life that is less inhibited than that of all the tea and beer drinkers in civilized countries.

My own view is that sex is not the center of all things. The center is life itself, only sex must appear to be the center because for some reason it is good to enjoy tasty food, but wrong to enjoy tasty sex. In a world of good sex-economy sex would automatically take its proper place. After all, I have no interest in sex when I write a book, or use my lathe, or dig my garden. And I fancy that most men if faced with the cruel alternative of giving up sex or work would choose their work. Sex is only the center of everything when it is repressed and hated. Hence it is evident that when humanity comes to approve of sex, it will take its proper place. Today sex repression holds back the whole world: it is the real Hitler that we all have to combat in ourselves, and this war will be lost to the United Nations if the stiff



stomachs implied in the Hitler salute are to live on under another guise. The war is annihilating the German goose step and putting the abolition of Soviet co-education in its place.

I believe, then, that the future does not lie primarily in politics and economics; it lies in the education of youth in freedom from all moulders of character. Already I see fascism springing up among some young teachers. They say to me: "You have done a great work, but you are out-of-date. Freedom is not enough. We must go on and guide the children more. It is not right to give them freedom for they have to face a hard world later and . . . etc." I say that that is a going back to all that has damaged humanity. It means conscience-formation from outside. It means a dead religion raising its head in a new form. It means our old friend repression coming back in an intellectualized guise. No, no, the only hope is freedom, real freedom, not the ersatz "ordered freedom" so many new schools

offer. No one can order freedom; no one can give freedom. Freedom is a natural state, and all one can do is to refrain from setting up barbed-wire fences around it.

After the war is ended I hope to arrange to come to America on a lecture tour. I want to see your coeducation, want to meet your progressive teachers, want to meet again old Reich and Wolfe and see what they have been doing these past years. There is not nearly enough contact between teachers in our respective countries. Your gangsters are better known over here than your educationists; more people here know of Al Capone than of John Dewey. Perhaps that is right and good, for gangsters are at least alive, while education is more or less a neglected baby with a doubtful future, but it is a pity that the America we seem to know best here is that of O. Henry and Damon Runyon, and, of course, Hollywood. I want to discover the other America, the America of youth and hope and creation and freedom.



## A CASE HISTORY

By FELICIA SAXE

The following case history of a little boy, 2 years of age, who is not able to speak, illustrates by means of a practical example the importance of Wilhelm Reich's definition of the mechanistic conception of classical medicine versus the functional understanding of the disturbances of the life process. By presenting it I shall try to convey to the reader an insight into the far-reaching consequences of the struggle between these two different approaches to a medical problem, as I experienced it in connection with my work. The story of this child's fate, unfolding itself within four hours of therapeutic work, including in addition two interviews with his parents and one final telephone conversation with his father, shows how the outcome of this struggle determines the continuation or suffocation of the life of an individual. It is an overwhelming example of the precise cooperation of two most destructive factors: the moralistic antisexual education of society and the mechanistic evaluation of symptoms in disease. These two factors, pertaining to two different aspects of life, but resulting from one and the same attitude *toward* life, work with clocklike precision if their driving forces become linked together and thus accelerate the annihilation of life.

The history of the child's neurosis, in my opinion, starts as early as during his prenatal life. The act of birth played an important part in it. The mother, who constituted the main source of his misery, as we shall see later, probably did not provide the proper conditions for her child's development during pregnancy. She undoubtedly inhibited the natural progress of birth during labor through her

unconscious rejection of motherhood. The only information which I could ascertain about the delivery was the fact that it was a difficult one and that it lasted abnormally long. The mother did not remember any details except that her physician "tortured" her and that she was told again and again that she would never give birth to her child unless she gave up her resistance against labor. The father, talking more freely about it in her absence, confessed that "something terribly cruel must have happened" during labor, judging from the gynecologist's report. He told me that he had been wondering about this mysterious intimation of cruelty, but that he had never been able to get any more detailed information about it, either from the mother or from the physician.

Two days after the boy's birth the parents asked a pediatrician to take him under his care. While making his examinations the pediatrician noticed that the child's hand was playing with his penis and that the whole body was rocking with rhythmical movements. He pointed out that the child was deriving sexual pleasure from his body in this way, and he declared that sexual experiences at such a tender age were very unusual and dangerous. He instructed the parents to do everything in their power to inhibit the baby's sensual tendencies. He asked the mother to keep his hands away from his genitals whenever he tried to touch them. He suggested that she do this in such a way that she would deceive the child. She must not let him be aware of the interference with his sexual impulses, she must constantly keep his hand and mind busy with some other interesting stimulants by presenting him with a toy



or by leading his hand toward some other object. Gradually he would thus become distracted by means of the substitute and forget his initial sexual desire. After a while the latter would be inhibited to such an extent that he would no longer be aware of his sexual impulses.

The mother carried out these instructions most faithfully, thus providing an outlet for her own frustrated sexual feelings. According to the parents' judgment, which is of course not objective, the boy developed normally until the age of 6 months, despite this interference with his biological requirements.

At the age of 6 months the pediatrician decided that the child should be given a series of six inoculations against different contagious diseases. When the first shot was injected into his arm the boy screamed as soon as the needle entered the tissue. As the injection proceeded (in the judgment of the parents, in a fairly brutal way) his utterances of pain increased to an abnormal degree. It seemed as if the ever-increasing screams could not release his emotions any longer; he started kicking, biting his fists, shaking in convulsions, until finally his whole body stiffened up. This cramp took on such proportions that he could be held by his feet while his body would remain suspended in the air in a horizontal position, sustained by its own tension. Hard as it is to understand, the inoculations were carried on, although the parents began to realize that the child's agony became worse each time and that his abnormal reactions became more and more severe. By the time the last shot was given, the child's reactions had become fixed as a chronic symptom. His body remained stiff, the fists beat constantly against each other in a clenched position. The screaming developed into a constant whining during the day and usually continued for many hours into the night. His mental development seemed to be interrupted as well as his ability to

establish contact with human beings. No matter which way one tried to approach him, he responded with his unhappy moaning and kicking. Around the age of 18 months he learned to walk. When I first saw him at the age of 2, his walking was still clumsy and awkward. The lack of free muscular action, and consequently of equilibrium, made the transition of weight from one foot to the other a rather dangerous experience. Consequently each step was accompanied with fear which was reflected in his facial expression. The center of gravity was constantly out of place because of the retracted pelvis. There was no coordination of the limbs during movements. In order to keep himself from falling over, his toes clutched the ground, thus creating a constant spastic condition of the muscles of the feet. The pediatrician implied that all this was due to a congenital weakness and a disposition to flat feet. He prescribed arch supporters, declaring that in order to prevent serious accidents, he should not be allowed to walk without them. All these symptoms did not alarm the parents as yet; they still believed that their child was just a bit retarded and nervous. When he did not begin to talk at all, they became alarmed.

They asked the pediatrician for help, but he took the "don't worry" attitude and told them that the child was only retarded and that he would begin to talk sooner or later.

After a while they could no longer convince themselves that he was right and they consulted another pediatrician. He declared that the child was a hopeless idiot and that he would never learn to speak.

Next they consulted a psychiatrist. She examined the child for 5 minutes, 3 of which were taken up by clerical work at the desk. She declared that the child was a deaf-mute and an idiot. She predicted that he would have no mental develop-



ment whatsoever and that he would become dangerous to society when he grew up. Therefore he would have to be confined for his whole life, the sooner the better.

The parents did not know whether to believe this statement or not. In one point alone they were absolutely sure that the psychiatrist was wrong, namely, the statement that he was a deaf-mute. To them it was clear that the child was able to hear because he reacted to sounds. When he heard the mother opening the door of the icebox, for instance, he would run out of his room into the kitchen and reach for his favorite food. Their feelings regarding his alleged stupidity were antagonistic. They could not help seeing certain signs of intelligence in the baby's actions. Among other examples, that of the icebox proved that his mind was able to associate the noise of the opening of the door with the opportunity of coming out of his room, asking for the food which seemed unobtainable to him as long as the door was closed. By that time the burden of the child's disposition had already roused deep hatred within the mother. Her judgment was shadowed by her feelings, she was openminded to the facts that were apt to release her from the fulfilment of her motherly duties and she belittled the significance of those that proved the opposite. If the child was an idiot, then she could not be blamed for being unable to tolerate his presence and she would have ample reason for turning him over to the care of some qualified person.

At this point the parents learned about the work of Reich. They brought the child to him for a consultation. He watched the boy's actions and gained the impression that he was intelligent. In his opinion the impulse to speak existed, but the mouth was paralyzed and could not form any words. Whenever he wanted to express himself he tried hard to speak and became furious when he was unable to

push the impulse through. It was clear to Reich that the inability to speak as well as the whining and fist-beating were the manifestations of a tremendous amount of anger and fear that had accumulated as a result of the deprivation of his sexual pleasure. The anger was constantly nourished anew because of the inability to express his feelings. In this way his condition became worse with every unsuccessful attempt to speak. The evaluation of these facts formed the basis of a plan to liberate the muscles of the mouth so that the impulse to speak could break through. In order to attain this objective it was necessary to provoke an outburst of his emotions. Once the anger and fear were released, the stagnated sexual energy would break through, and by sensible handling of the child one could restore his ability to indulge in pleasurable sexual activity without fear. It was impossible to predict the outcome of a vegetotherapeutic treatment or to give assurance of a cure, but Reich considered the chances promising enough to suggest that I should start working with the child.

In teaching vegetotherapeutic gymnastics I am accustomed to understand my pupil's bodily impulses, as well as their inhibitions, by the content of their spontaneous movements. In the case of this child I had to go one step further: I had to speak to his body by means of impulses and gestures of my own body in a way that would induce him to give vent to his emotions. Once I should be fortunate enough to loosen in this way the tensions of his muscular armor, I hoped to carry him along with my own impulses, first passively, later actively, following his own natural rhythm, thus re-establishing his normal functioning.

The first meeting with him took place in a rather interesting way. When I opened the door of my apartment, the father stood directly in front of me. The mother, on the other hand, stood a few



steps apart and sideways with an air of reluctance. Of course, I was anxious to see the child. But I could not detect any trace of him until I took a step out into the hall and discovered him hidden behind the mother's back. As soon as he saw the curiosity in my eyes, he responded and challenged it. He bent his body around the mother's back, and we played hide and seek, while he smiled at me. Then he ran straight toward me in a very lively manner. I opened my arms and invited him to come in, and he hastened to climb up the step. Not a bit shy, he looked around. He seemed to be attracted by the pictures on the wall. I asked him whether he would like to take a better look at them and moved my arms, as if I would lift him, so he would be at the same level with the pictures. While I lifted him, he started to climb up my legs and made very affirmative movements and sounds. When I held him in my arms, I felt strong vibrations in his body: Everything was alive; there was the quality of the shy and at the same time mercury-like quivering that a deer shows in its movements. This, I felt, was not the sluggish body of an idiot. While I held him so that he could see the pictures, he seemed to be happy in my arms and flung his arms around my neck, burrowing his head against my chest. It seemed as if he was not used to friendliness and enjoyed it in an exaggerated way. The minute the mother noticed this, she said to me in a sharp voice: "Please stop that! You make him afraid." Her mouth was stiff and stern while she spoke, the corners of the mouth were drawn down. Immediately the child stiffened up, began to whine and to beat his fists and shook in convulsions. He behaved in the manner that had been described to me as characteristic of him. The abrupt change from a perfectly natural and lovable expression to this neurotic behavior through the mother's interference, although her words were

only directed against me, made me immediately aware of the fact that she was the one who killed his natural impulses. There existed a connection between the unkind expression of her mouth, of which the child was afraid, and his inability to use his own mouth in order to speak. The child enjoyed running along the hall, although he was handicapped by his inability to keep his balance. Again I was impressed by his lively interest in the new place. But the mother interfered and predicted that he would fall and hurt himself. She prevented him from moving by holding him back by his arm. I asked her to keep the child in the adjoining room while the father had a chance to talk alone with me.

During the few minutes with the mother I gained a decided impression of falseness and destructiveness. She tried to appear friendly, but the expression of her mouth was mean, cold and cruel. She covered her destructiveness with an air of martyrdom. She told me that she understood her child so well that she allowed him every liberty; she gave him all the love he needed, she even let him play with knives and forks when he wished to, she let him urinate on the floor, and worst of all, she was forced to tolerate it when he played in the gutter and squeezed mud with his hands. The latter, she said, made her so furious that at times she could not stand it, but still managed, so she said, to be gentle with him. Every gesture and word was as though she said: I hate my child, but I must not show this, for this would indicate that I am mean. I want to prove just the opposite, namely, that he is mean to me, while I am gentle and kind to him.

The father gave quite a different impression. He seemed to have genuine gentle feelings toward his child. He wanted to do everything he could to help him. In response to the sex-economical enlightenment he had gained during his



interview with Reich, he had deeply repented of the mistakes made in ignorance which had caused so much suffering to the child. He seemed bewildered and scared because he was forced to deal with sexual problems. But there was understanding on his part, whereas in the case of the mother there was nothing but destructiveness and rejection. It took him quite a while before he was able to talk openly about the mistakes his wife was making. He told me that she lived in constant fear that the child might become infected and fall ill. Therefore she did not allow him to touch anything. Besides she was afraid of accidents, so she checked every healthy impulse of the child, to try out new activities such as climbing stairs, jumping from a bench, climbing on a chair, etc. For these reasons he was never taken to a playground and was forced to stay alone in a little backyard. By this method she had gradually deprived him of the opportunity of exploring the world through personal experience: a most important element in the healthy development of any child. This overanxiety of the mother and her compulsive behavior made me suspect that she had deep unconscious death-wishes toward the child which she overcompensated for in this way. Her husband expressed real anger toward her in this regard, but at the same time he was evidently afraid of her. No sooner had he spoken about her mistakes than he felt guilty about doing so.

When I disclosed my plans for treatment of the child, the father responded gratefully, saying: "You have my permission to do what you think best. Whatever you say, will be all right." Then, to my complete astonishment, he hastened to ask me when I would be willing to take the child into my home, declaring that he would like to leave him with me that day. I explained at once that I did not intend to board the baby and that the sessions of the treatment would last only an hour

each. When he heard this he collapsed entirely. He confessed that he was most anxious to leave the baby here. When I steadfastly refused this, his courage failed him; he was afraid to let his wife know this bad news and tried to bargain with me, suggesting that they leave the child at least a few hours a day with me, asking to give him his luncheon at my home. I explained that I did not intend to provide a parking place for his baby but that I wanted to treat him. Finally he seemed to understand. When the mother was called in and told that the child could not live with me, she declared that she could not undertake the burden of bringing the baby back and forth for treatment. If the father insisted on the treatment he would have to do this himself, which would mean that he would have to change his working hours in a defense factory from day to nightshift. She could hardly control her anger and said abruptly: "Sometimes I could kill him." Then, correcting herself: "I mean, I feel like crying, I had hoped so much that this would solve the problem."

When the child came for the first treatment he was engaged in his habitual whining and fist-beating. This increased as soon as the parents had left the room. I tried to make him feel that he was understood; consequently I reacted to his distorted utterances exactly as I would react to a child who is able to speak. I understood that he was upset at being left alone in a strange place. So I lifted him up in order to give him a feeling of security and asked him whether he wondered where his parents had gone. He answered by bending his torso toward the door, and I understood that he wanted to look around to see where they might have gone. I opened the door and carried him into the next room. He grasped the fact immediately that there was a possibility of being understood, and proceeded to convey to me all that he wanted, partly



in gestures, partly in affirmative fist-beating and whining. It may sound paradoxical to call these latter symptoms affirmative, but they were this poor child's only method of expressing himself. No longer did he experience genuine impulses, instead there seemed to be only the general feeling of impotent despair and rage that had taken their place. He wanted to be carried from one room to another; his curiosity grew regarding the whereabouts of his parents. When he discovered that they had left, he uttered a sigh of relief and made a soft melting gesture toward my body. It seemed to me as if he was catching up from the moment when we had been interrupted in our relationship during our first meeting in the hall.

Now I felt that the moment had come to start working with him. The first symptom I attacked was the cramped position of the arms during the fist-beating. I widened them gently and slowly in broad sidewise movements, making them end in front of his chest whenever I felt that the widening became unbearable for the contracted condition of his organism. The reaction was very favorable. He sighed in relief, and the shallow breathing deepened a trifle. The fists not only remained stiff, but increased their tension. He seemed to have a pleasurable feeling during these manipulations, there was no reaction of anger or fear connected with them. While I carried him around I explored his body and found that the thighs were the seat of greatest tightness. The slightest attempt to relax them by means of movement was met by violent resistance. He jammed his fists into his mouth, the corners of which tightened up, the pelvis was thrown back, and he pulled his breath up in a long lasting inhalation that did not seem to be able to turn over to an exhalation. At the climax of this tension there was an explosion in violent screaming. An unbelievable amount of anxiety was released with this screaming.

The awareness of anxiety seemed to make him also aware of my mouth; he tried to silence me; with all his might his fingers prevented my lips from moving when I tried to speak. The more I made an effort to speak, the more fear was expressed. He evidently identified me with his mother, and I became convinced that he suffered from a fear of death. That he had chosen his mother's mouth as a symbol of death did not seem irrational to me, since I had myself observed the cruel expression of her mouth. After this outbreak of anxiety I brought about some relaxation by helping him again with widening movements, so that he breathed more evenly. I also relaxed the muscular cramp in his thighs. He calmed down, gave up the whining, and the first normal sounds came out of his throat. They were the first pleasurable sounds I had heard him make. Simultaneously he became interested in the bright colors of the room and wanted to look out of the window of my ground-floor apartment, to find out what was going on in the street. While he looked out of the window I responded to every sound of his, partly with words, partly in his own way, just carrying the articulation a little further than he was able to. He enjoyed himself in this way, until I tried to get him to play with toys. He resented this and reacted with anxiety. Touching things and doing things by himself was taboo to him. I could not decide whether this had anything to do with the prohibition against masturbation, or whether it was just a general consequence of his inhibited way of life. He did not fall back into the habitual whining until he was again confronted by his parents when they called for him at the end of the hour. Although the mother had forced her husband to shift his working hours to the inconvenient nightshift, she never failed to accompany him when he brought the child for treatment.

At the beginning of the second treat-



ment I walked again through the apartment, carrying him in my arms and following his impulses to look around. Already he did this with less tension and his interest in his parents was not maintained as long as the first time. I worked on his thighs (while I held him in my arms) by swinging movements, which were taken over in this way by his dangling legs. Part of the time I held his legs in my hands and made them move very softly, the way an infant enjoys himself kicking his legs. Purposely I progressed very carefully and did not yet accelerate the movement to a real kicking, as this might have resulted in too strong an emotional reaction at this stage. As he gave in a little bit with these movements, I took his shoes off. I found his feet stiff as a board and bent inward with twisted toes. As soon as he seemed to enjoy the freedom of moving his feet without the arch supports I brought the feet into a normal position by means of gentle rotating movements and loosened the toes. Switching from working on his thighs to working on his feet and vice versa, I let him slowly slide to the floor. He began stamping on the floor, regulating the position of his feet on the floor by himself. He tried himself out in different positions, becoming a bit more relaxed after each stamping. He ended up in a fairly normal position of the feet, showing a perfectly formed arch. (In doing so he proved again what I had experienced with many an adult, that most so-called "flat feet" represent nothing but a psychosomatic disturbance of the muscles of the thigh. This disturbance in a mechanical way prevents the feet from distributing the weight of the body in the proper way and forces the feet into a wrong position.) After this I lifted the child onto the couch and repeated the widening arm movements. While I worked this way with him, I took gradually the rest of his clothes off and he seemed to feel freer this way. The arm

widening was immediately accompanied by sighs. I proceeded to movements of his legs. The sighing increased in a sort of pleasurable relief. This was accompanied by involuntary pelvic movements. All of this took place in a passive way. As soon as he became aware of his movements, he had an attack of fear. He bit his fists violently, his head became dark red, as if he was going to burst. Suddenly there was a pleasurable breakthrough. He made gurgling sounds and moved in rhythmical waves. Suddenly he urinated. I petted him and told him that he was a good boy to let himself go. His hand reached for the region of his penis, but as he did this, he had a sudden attack of anxiety. He screamed, kicked with his fists and legs and began to bite my hands. While I tried to calm him down, the screaming went over into the accustomed whining. I made him feel that he was accepted when he gave way to his feelings and that he had been on the right track while he gave way to his pleasurable impulses. This did not seem difficult to convey to him. I told him that I knew how badly he had been treated and that I could perfectly understand how he felt. When he increased his lamentations, I gave him the sympathy he seemed to be longing for, and while I stroked him and tried to make him feel comfortable, I told him that I knew how he had suffered. But at the same time I conveyed to him rather strictly the fact that he did not get anywhere acting this way. While I broke the resistance on his thighs by actual work on them, I told him that he had to go through this the hard way, if he wanted me to help him. That he understood the meaning of my words, partly because of the sound, partly because they were attuned to his own impulses, was proved to me, because he started what I called "telling the whole story over and over again." He did this by moaning pitifully, while he pointed again and again



with his right hand to his left upper arm, trembling with his whole body. The more I sympathized with him, the more violent the pointing became, until he finally changed to a wild fist-beating of both hands. It seemed as if he could not get enough of this. When he stopped to rest for a moment, it was just the beginning of another spell of lamentation with more screaming. By doing so, he seemed to live through the agony of the injections, which, I believed, he unconsciously connected with the prohibition against masturbation. When his emotions seemed to be at a climax, I helped him to live his anger out. Whenever he beat his fists I would kick my arms around saying: "Now give it to them, you have told me the whole story, give it back to them, kick them back!" This worked; he began to kick, the arm movements became less cramped. With each movement he reached further out, while I told him: "As soon as you can speak you tell them how mean they have been to you!" And we both were very furious and kicked around. To my greatest joy he followed me, gave vent to his anger, and gradually the angry kicking passed over into a pleasurable leg-kicking. While he did this he seemed to fall back into the inhibited pleasurable activities which he had missed when he was about 3 months old. He took on the look of an infant of that age, which was proof to me that the release was a genuine one. He laughed with joy. His hand tried several times to touch his penis, but each time he drew it back in fear. All of a sudden he became completely quiet. He began to stare at a picture which hung on the wall directly above the couch and which had attracted his attention as soon as his actions became more free. He got on his knees and remained there quite a while in perfect silence. It was the picture of a Polish peasant couple dancing a gay folk dance. I was not able to find out why he was

suddenly so fascinated by the picture that had been there all the time. Later I heard that his mother never allowed him to touch any pictures and that she used to drag him away whenever he wanted to look at them. Probably he made up for this, when he was released of his general anxiety during the treatment. But he still had to pay for doing so. After a few minutes of quiet gazing he became overwhelmed by anxiety and screamed, until I took the picture off the wall. Then he lay down exhausted, but happy and relaxed. The whining had ceased entirely as on the preceding day. In addition he had given up the fist-beating at the end of the second treatment. His movements were more balanced than they used to be. When he met his parents the reaction was again unfavorable. After this second hour he slept peacefully throughout the whole night for the first time in a long while.

When he came the next morning for the third treatment he did not pay any more attention to his parents. He was anxious to see them go away, the sooner the better. Then he ran right to the picture which had puzzled him so intensely the day before. There he knelt again quietly and looked at it, giving himself with his whole body to this experience. He gave the impression of a person who had been waiting longingly for the repetition of a pleasurable experience. After a little while he raised himself to his feet, showing again the desire to touch the picture, but his deadly fear again intervened. So I touched it myself. But this made him scream and yell, until I put the picture out of sight. This time he was not satisfied when I did this, and protested by yelling more loudly. This, in my opinion, showed progress, because it meant active acknowledgment of his desires, even though they were still accompanied by anxiety. This attitude began to take the place of his former resignation. His feet



were very tense while he yelled. As I tried to release them with rotating and shaking movements he slid gradually into a general feeling of ease. His face took on an expression of contentment. The tight ring of white, sometimes even bluish, color around his mouth disappeared. Instead appeared curly movements of the lips, the blood seemed to stream into this region of his face, giving it a healthy, rosy color. His breathing became less abrupt, his exhalation deepened. This gave him a pleasant feeling, and as if in fear of losing it again, he tried to link his breathing to the rhythm of my breathing. He did this by leaning his half-open mouth against my mouth, following my rhythm of inhalation and exhalation eagerly. This further loosened his lips and he happily made some sounds. I tried to imitate his sounds and interspersed friendly words. He responded with an effort to imitate the movements of my lips and was most happy when he succeeded in moving his lips at the same time that he produced sounds in the throat.

Now I considered the time had come to provide a discharge of energy from the genitals in order to bring about more unity between the upper part of the body and the pelvic region. This could only be done by breaking through the armor at the place of its strongest resistance, namely, the retracted pelvis. I helped him to rest in my arms. Then I swung him in a smooth rocking motion from the right to the left. When he gave in to the softness of this three-quarter rhythm, I widened the swings. Now I felt pulsation in his body, indicating that he experienced the flow of the movement in a pleasurable way. I intensified this by cutting through space in more audacious swings up and down. This gave him a feeling of flying. He began to contract and expand according to the crescendo and decrescendo of the movement. This reaction was the sign for me to let the wave of movement go

through his body in a more central way. I held him by his feet and made him hang down backwards, supporting the small of his back slightly with one raised knee. The tightness in the pelvis vanished a bit while he hung this way. Then I started little pushing movements with my hands at rhythmical intervals which continued through his relaxed body. As he dangled this way, I intensified these impulses to large swinging movements, thus making his body movements become more wave-like. For moments the pelvis moved in unity with the rest of the body, but in general it interfered with the movement and remained in its retracted position. So I repeated the swings in the same manner slightly above the couch with the difference that the resistance of the couch bounced the pelvis into a forward position whenever it retracted during the swings, the speed of which I accelerated. From this phase on a tremendous amount of anxiety broke through, his face turned red, he wanted to scream, but could not release any sound and suddenly fainted for a few seconds. As soon as he became conscious again, he gurgled pleasurably and laughed wholeheartedly. While he was lying quietly with the most happy expression on his face, I supported the pelvis with my hand and prevented it from retracting again. So the resistance jumped to another place and settled in the muscles of the stomach, which became stonehard. While this happened his hand struggled to touch his penis. I broke the resistance in the stomach immediately in a bold manner with my hands, provoking a great outburst of anxiety. He yelled and perspired in anxiety all over his body. Suddenly he relaxed and played openly and fearlessly with his penis. Then he urinated, thus indicating that the relaxation of the muscles of the pelvic floor was complete. Then he started a happy conversation in sounds with me. When he saw his parents at the end of this session,



he remained well balanced and was much less afraid of them.

When he came for the fourth treatment he ran right into my room. While I was sitting on the couch, he crept on my lap, made himself all passive and waited in silent expectation for his treatment. I repeated the swings in the air and worked again on the pelvis. While I made him hang upside down his body was much more unified than the day before. All his muscles were softer and smoother. This encouraged me to show him how to move his lips. He reacted by imitating me and made faces of his own. When I gave him toys he touched them without any sign of fear and played with them for the first time. He longed for the couch where he had experienced pleasurable sensations the day before. But this time I sat on the floor and made him rest between my crossed legs. Then I worked on the tensions of his pelvis. My position gave me the advantage of being able to feel immediately the slightest tendency toward retraction of his pelvis. So I could counteract it and break his resistance more thoroughly by adjusting the level of my supporting legs in a way that brought the pelvis constantly back into a harmonious position. The more I broke the pelvic resistance in this way, the greater became his desire to touch his penis with his hand. But again he struggled in fear. He did not touch the penis, but his hand traveled up to his mouth and he sucked his thumb. The pleasurable sensation of sucking found its climax in a real mouth orgasm, such as infants have, while the orgasm reflex ran through his body. After the discharge he began sound formations. What he produced were not words, but his sounds had become articulated and he played with funny sound combinations. This seemed to me to be the starting point for teaching him the formation of words in the near future. He felt perfectly at ease and showed me that he did

not want to leave my room at the end of the session. This made me fear that the meeting with his parents might have an unfavorable effect and I decided to adjust him to their presence in a very delicate way. I lifted him in my arms and made him lean on my shoulder, so that he looked backwards. Then I walked into the next room where his parents were waiting. I sat down in front of them in such a way that the child, who was still hanging on my shoulder, did not face them, but had a chance to look out of the window, where he enjoyed watching the busses going by. While I explained in a few words the progress of the treatment, he was still under the influence of his pleasurable experiences. He kept making sounds, going up and down the scale. He remained on my shoulder as if he intended to stay there forever. His mother laughed and asked jokingly whether I had pasted him there. I explained that it was his feeling of peace, which he did not want to lose again, that made him stay in his position. Vaguely he seemed to become aware of the fact that his parents were there; still he did not feel afraid. After a while I considered his feelings stable enough. So I turned my chair around. This made him face a mirror in which he saw the faces of his parents. He laughed happily at them and screamed with joy, as his father gave him a smile in the mirror. It required some effort on my part to bring the mother to the point where she produced something that was intended to be a friendly look. He felt her insincerity and began whining and beating his fists again. I spoke to him in quiet words, saying: "Listen, you can't act this way again. You will have to get used to the situation, that your parents can't show you their love all the time. Nothing has changed since you left the other room with me, and you can be just as happy as before." While I talked, he stopped acting neurotically and listened carefully to my words. Then he



relaxed, laughed happily and continued making gurgling sounds. Both parents were overwhelmed by the effect of these few words and declared that they were convinced that their child had understood the sense of words for the first time. After a few minutes the boy became daring. He wanted to test the fact that he was accepted by his parents, when he followed his impulses. He jumped from my lap. Then he walked around in perfect balance and began to play with some objects on the table. The mother was ready to protest, but before she could tell him not to touch anything, I told her that everything in this room could be broken, urging her to let the child do what he wanted. He was kind enough to choose an unbreakable metal box. It was pretty heavy, but he lifted it skillfully, bent down and placed it safely on the floor. His body felt as an entity and he moved harmoniously, discovering the laws of equilibrium. As if he wanted to test how far he could let himself go without fear, he urinated on the floor. With that he had an expression of triumph on his face and behaved happily like a normal child, while the mother dressed him and led him to the car.

At this time I did not know that I would not see him again. He had made such progress during these four treatments, that I was convinced it would be possible to help him regain his full sexual capacity. Once he was healthy in this respect, the secondary problems like learning the technique of word formation, or getting adjusted to the outside world, seemed to me to be easy problems to solve. Here his intelligence would help him a great deal. It had been sufficiently developed to enable him to find a way to express his desires despite his handicaps. There was not one doubtful moment during his treatments, so it would certainly be easy for him to stand on his own feet, once he was cured.

There was just one problem that worried me the more I tried to find ways of

solving it. This was the task of changing the mother's hateful attitude toward her child. By now I knew that she would never be able to give him genuine love. If I could not succeed in establishing at least a bearable relationship between her and the child, all my work would be in vain. I felt ashamed to tell the child that he was accepted by his mother; I did not believe my own words, and I decided that I could not afford to cheat him again without endangering the success of my work. I asked the parents for an interview which would give me a chance to explain the course of the treatment and to work out a plan with them as to how the child should be handled at home. They agreed enthusiastically and came to see me the following evening.

The mother was silent and embarrassed. The father did not know where to start. Finally he asked me to tell him whether I believed that his child was an idiot or not. While I told him my opinion he gasped for air and interrupted, by saying: "I must tell you the truth. We don't believe a word you are telling us. Yes, there is progress, we saw it yesterday. He seemed to understand you, while you spoke. He was quiet here, but how does this help if he keeps whining and beating his fists as soon as he is at home!" The mother interrupted him: "We know that he is an idiot. Nobody in the world can tell me that the frustration of a child in his sexual activities can put him into such a state of mind. You can't prove your theory, but we can prove that he is an idiot, and we are going to do so." Now the father told me that they had been consulting different physicians without my knowledge. They had found a brain specialist who intended to take the baby to the hospital for tests, which, as he could predict already, would prove that he had a defect of the brain. Probably there would be a tumor which would have to be operated on. I asked the father whether he had taken into consideration the fact



that the hospital routine would be unbearable to the child's disposition and that he would probably suffer another severe shock on account of his phobia against medical manipulations. I asked him to give me a chance to prove that the child was not an idiot by continuing the treatment that had started so successfully. If I failed there would yet be time to surrender him to the hospital routine as a last resort. He said that his decision was made, that he owed this to the condition of the mother who could not stand the agony of the child's disposition any longer. She is so completely run down, he said, that she refuses to have another child as a substitute for this one, a measure the physician had suggested in case he would have to operate on the baby. I told him that his child was still alive and that I intended to fight for his rights with his permission by continuing the treatment. If I should fail to prove that he was not an idiot, there would still be time for the decisive step. He said that there was no time to lose because every day of delay would endanger the success of the fortunate outcome of the operation. He thought that they had nothing to lose, but a slight chance to gain. At least the operation would bring relief to the mother. I suggested that she should be temporarily relieved of her motherly duties while I continued the treatment. At this point the mother jumped up from her chair and shouted: "What do you think, I can't cry any more! I could kill him, I could kill him!" I pointed out to her that she was doing that successfully. He lived in constant fear of death, his mouth had been paralysed because of the cruel thoughts hidden behind her mouth. And now she found ways to prove that he was an idiot by interfering with his treatment. The father said that it was fruitless to discuss these things. He turned the responsibility over to God and said: "He knows best and will decide." Besides he mentioned that he had been reading all

the literature in different libraries about child psychology and infantile sex life. He had discovered one book by a little known author, this man seemed to him to be right. He quoted this man as saying: "Surely there exists such a thing as infantile sex life, but why make such an issue of it? Deceive the children so they can't live out their sexuality, and they will be happy just the same." I told him that this attitude seemed very familiar to me. It reminded me of the early statements of the Nazis when they came to power. They said: "We don't do any harm to the Jews, they can do whatever they want." And they just deprived them of the right to work, which meant starvation to them. The father was evidently ashamed and said in a humble way, that I was right in this point. Then he thanked me for the enlightenment about children's sex life, but said he could not change his decision to turn the baby over to the hospital immediately. He promised to let me know the outcome of the tests. If against all his expectations they did not prove that the child was an idiot, he would be glad to bring him back to me.

For weeks I did not hear from him. One day he called me on the telephone, saying that the news "was not too good." The tests had not shown any tumor of the brain, but an encephalogram had proved that there was a cavity in the brain. Nature fills up all cavities with water, which means in this case that the brain cannot function. The verdict was that the child would grow to adulthood with the mental development of a baby. He would want to eat and would have sexual desires. The gratification of the latter would become dangerous to society. Therefore he would have to be confined right away. I told the father that I still would like a chance to continue the treatment, hoping to save the child, although it was very probable that he had been ruined by the shock of the experience of having air blown into his brain. I told him that I still was



convinced that the boy was not an idiot, and that X-ray pictures have proved to be erroneous in more than one case on account of the inaccuracy of technique in reading them. Since the child could only be dangerous as an adult, nothing would be lost in trying to help him with vegetotherapy while he was a baby. The father answered that the baby was already under the care of the state, but that he would be glad to give me a chance to treat him, if God would allow a miracle to take place. When I asked him how his wife had taken it, he answered that she seemed to take it hard at the beginning, but that she was doing pretty well and seemed to have gotten over it by this time. I told him that I could not understand why they had been in such a hurry to deliver the child to such an awful fate. Any normal parent in such a situation would cling to the last vestige of hope. I asked the father whether he had been forced to act in a hurry by the physician's request. He said that this had not been the case, he and his wife had felt that it was best so and the physician had agreed.

The parents have obtained the diagnosis they wanted. The mother's death wishes have doomed her child to a life which is worse than death. Her warped character structure could rather stand the loss of her baby than the gratification of his sexual desires. She managed to ruin him in such a way that his neurotic symptoms deceived the physicians. Consequently they deprived him of his right to grow up in freedom. By giving him this final blow, they will probably make a real idiot out of him in the course of his confinement. Then the circle will be closed.

It is fruitless to discuss the root of the evil, the emotional pest, in connection with this unhappy story. As I pointed out at the beginning, it was my aim, by presenting this case history, to shed some light on the different interpretations that can be put on the same symptom according to the character structure of the

observer. A mechanist, on his side, will make use of his overdeveloped skill. He will look for a defect in the machinery of the body as a direct cause of the symptom. But to one who understands how living matter functions through contraction and expansion, there is no routine method of procedure, except that of logical thinking.

The knowledge of the laws of movement helped me in understanding the child. In my eyes he was intelligent, lovable and lively. I felt this, because I was not impressed by his awkwardness, which seemed to shock everybody in a formidable, love-killing way. I hardly noticed it, because I am used to seeing frozen movements of frustrated impulses in the deviation of normal movement. Since movement is my medium of reaching a pupil's emotions as well as of understanding his inner struggle, it does not make any difference in my relationship to a child, whether he uses the language of words, or whether he speaks in gestures to me, and even, if his gestures do not function properly, in neurotic symptoms. Whenever this child wanted to speak, finding himself blocked and unable to make his speaking apparatus work, the resulting furious movements of his head and throat were certainly not hard to understand. The unpleasant whining which he produced, as a substitute for words in his utter desperation must unfortunately have touched upon people's frustrated feelings. This process again brought them into close contact with their own secondary criminal drives. This was his bad luck and made him become so easily a victim of their destructive tendencies. Here lies the irrational factor which prevented physicians from getting an objective picture of his condition.

The other main symptom, the fist-beating, meant to me the affirmation of life, protest against frustration, the existence of biological energy diverted from its normal functioning.



## ADOLESCENCE: A PROBLEM IN SEX-ECONOMY\*

By ALEXANDER LOWEN

This article aims to explore some of the problems of youth in the light of sex-economic principles.

That young people have problems no one who has worked with them or taken an active interest in their affairs will deny. One need only enter into serious discussion with adolescents to ascertain the depth of their emotional conflicts. One phase of the subject, juvenile delinquency, has received widespread public attention. Recently, November 1944, the American Academy of Political and Social Science devoted its entire issue to "Adolescents in Wartime." The emotional difficulties of young people are not due to the war, however; for, as Dr. Caroline B. Zachry states in an article in the above journal, "the war has only aggravated and made more overt in youth an instability which has long been present." That the problems are such as to cause concern is indicated in another remark by the same writer: "we face what amounts to a crisis in regard to our youth; there is grave danger of widespread emotional breakdown among them."

Our field of inquiry will include not only the overt problems, those which arise from conflict with authority but also the inner conflicts. Some of these are within the adolescents' awareness; others are revealed by irrational and neurotic behavior, and may be more severe for the lack of contact with them.

An adolescent may be troubled by guilt feelings about masturbatory practices or by an inability to establish social and physi-

cal contact with some member of of the opposite sex. Or, only slightly less pathological, the adolescent may have this contact but be unable to obtain the requisite satisfaction. In all these cases we are dealing with unhappy adolescents, and their number is far greater than one would suspect.

But, as we said before, these are not all. Zoot-suiters and jitterbugs present a type of behavior which is hardly what we would expect of healthy adolescents. The type of boy who roams in gangs, swash-buckling, destructive, and who thinks it is the height of manhood to get drunk on beer, is merely hiding his misery from himself. But, in this category too, we must include those young people who are paragons of good deportment, docile and obedient to their parents, submissive to authority. This should not be surprising: the unhealthy rebellion of the hoodlum or so-called "victory girl" is but the opposite extreme of the reaction of submission of the teacher's pet.

It should be evident, then, that we wish neither for "goody-goodies" nor for adolescents in whom all "goodness" of disposition is lost. What criterion can we apply? The healthy adolescent is characterized by natural motility of action and spontaneity of feeling and expression. He is aggressive for his pleasure but not sadistic, self-asserting but not dominating. In his behavior, he exhibits a sense of responsibility for his own actions and affairs; and to others engaged in constructive activities, he extends his cooperation. Therefore, we cannot accept as criteria that the adolescent is quiet, that he conforms to approved modes of conduct and that his grades in

\*Much of the material presented in this article was discussed in the Seminar in Sex-economy led by Dr. Theodore P. Wolfe.



school are excellent. We must ask: is he happy? is he lively? and is he growing towards adulthood?

In contrast to this simple statement of what sex-economy considers to be healthy adolescent behavior, what do we find in the great mass of literature on the subject?

Luella Cole in *PSYCHOLOGY OF ADOLESCENCE* states: "The main purpose of appropriate training during the early years is therefore the production of better-adjusted, healthier adults through the development of better-adjusted, healthier children." What this adjustment consists of emotionally we find in another paragraph: "The small child inhibits his emotions hardly at all; whatever he feels is translated into action. If he does not like a new acquaintance, he pushes him away. An adolescent has somewhat more self-control and can inhibit his expression well enough to observe the common courtesies to those whom he does not like, although he soon regresses to childish levels if he is forced to work with or be with a disliked person. It takes an adult with well developed powers of inhibition to work day after day in moderately close contact with someone he dislikes and neither wear out under the strain nor precipitate scenes."

So the adult takes it, but the child rebels. Unfortunately, the child's rebellion is crushed very early, and he, too, is forced to adopt the common hypocrisies which to some people pass for courtesy. Adjustment means more, however; it means he must learn to accept the deprivations of a social system which, in many ways, is in conflict with his real nature and biological needs—without protest.

Dorothy Hankins in "Mental Hygiene Problems of the Adolescent Period" writes: "Moreover, in our society it is during the adolescent years that the psychological problem of achieving such a balance (between one's self as an indi-

vidual and one's self as a member of society) is at its peak, and many of the difficulties of the adolescent can be traced to his conflict over his own individuality and his relation to the community as represented by his parents, other adults, such institutions as school, church, and law, and society's customs in general."

So here, too, the test of the adolescent is his power to adjust, to compromise his biological needs with the demands of the social system, regardless of whether these demands are rational or irrational.

What this involves more specifically is stated by Dr. George E. Gardner in "Sex Behavior of Adolescents in Wartime" and published in the *Annals of the American Academy of Political and Social Science* previously mentioned. "... is the ever-present demand that the adolescent forego the expression of the sex instinct. That this repression and control is necessary if the best interests of the child and the community are to be served is of course beyond argument . . . The presence of this inner control, this ability to forego the pleasure of the moment for a later socially acceptable type of expression, in short, the strength of the ego of the individual, is also . . . an indicator of maturity."

But when we subject the basic premise to analysis, we will find that it is not in the best interests of the child nor in the best interests of the community, though it may be to the advantage of some social institutions. But Dr. Gardner is right. There are forms of sexual expression which should be controlled. One must always ask, therefore, what kind of sexual expression are we talking about. Further, if one wishes effectively to control such behavior, one must seek, first, to determine scientifically its cause.

Such a scientific investigation must be based primarily upon an understanding of the biological functioning of the human organism. Secondly, one must have a



knowledge of the interaction between the instinctual drives of the individual and the restrictive demands of the social system and the effect of that interaction upon the formation of character. This body of information constitutes the principles of sex-economy.

Now, what are those principles of sex-economy which will guide this investigation? A full answer to this question is contained in the book, *THE FUNCTION OF THE ORGASM* by Wilhelm Reich. I shall only attempt, here, to highlight a few of its pertinent facts and ideas.

The term sex-economy refers to the regulation of the biological energy of the body. A healthy sex-economic condition exists only in those individuals who are capable of full orgasm in the sexual function. It is coincident with the presence or establishment of the natural, genital character and is opposed to the neurotic personality. The healthy adolescent, therefore, can only be a genital character.

Disturbances in the household of biological energy are manifested in pathological muscular armoring and neurotic character traits. The individual loses his natural motility of action. The change is not difficult to observe. In the course of an extensive teaching career, I have seen many cases where gay, lively boys and girls of thirteen and fourteen have become transformed into the average, "stiff" and conventional adolescents at seventeen or eighteen. Frequently, the loss of motility and spontaneity occurs earlier, during childhood; but in all cases, the factors which cause this change are social and environmental. For example:

"A child touches and plays with its genitals. The mother interferes and stops the activity. The child becomes angry and strikes at its mother. At this point, punishment sets in. The child is severely reprimanded or slapped for daring to strike at its mother. It gives in, but the desire for the sexual pleasure is not lost. In the fu-

ture the child will seek its pleasure secretly for fear of being caught, and the first step towards slyness as a character trait has been taken. The anger towards the mother becomes bound in a chronic muscular spasm.

One further term needs clarification: adolescence. It must be distinguished from childhood on the one side and adulthood on the other. From the former, it is demarcated by the onset of puberty. Its later limit, however, is subject to some confusion. Some writers set it arbitrarily at 18 or 21. In the periodical mentioned above, "Adolescents in Wartime," the age limits are from 14 to 18. Caroline Zachry suggests 14 to 21 with individual variations. Kingsley Davis, writing on "Adolescence and the Social Structure," says: "The Encyclopedia of the Social Sciences, for example, defines adolescence as 'the period of human development from the beginning of puberty to the end of the maturation process.' The definition implies that sexual maturity appears earlier and more conspicuously than numerous other phases of maturation, but acknowledges that nothing outstanding marks the end of the period." His own definition, though correct, is even more indefinite. "Adolescence is ordinarily the time when the lag of physical development behind social development [the order was meant, probably, to be reversed. —A.L.] first becomes pronounced."

Since adolescence represents the period of transition and growth from childhood to full maturity, no arbitrary time limits are valid. It begins with a biological phenomenon, the establishment of the genital function, and ends when that function reaches its full development. This occurs only when an individual establishes a satisfactory sexual relationship with a member of the opposite sex. To be satisfactory the sexual experience with the partner must result in orgasm. Without it, no individual can be con-



sidered a biologically sexually mature person. But two other determinants exist: A period of trial has come to an end; the sexually mature adult has one partner and the relationship between them is one of cohabitation. By this definition adolescence becomes a biological and psychological phenomenon and so not subject to the particular views of one sociopsychologist or another.

If, according to the above, many persons who are otherwise regarded as adults would be considered here as adolescents, the fault is not with the definition. The bachelor of thirty or so whose sexual relationships are haphazard and promiscuous is not only acting as an adolescent, he is one. We are now provided with another important distinction. Healthy adolescent behavior is characterized by the growth of sexual power from puberty to maturity; that behavior which is indicative of the retardation or failure of that development is neurotic. The over-extension of the period of adolescence is one unfortunate result of our present civilization.

You will agree, now, that too few adolescents can be described as healthy. Is this, then, too much to expect? If I thought so, this article would be superfluous. Fortunately, both the cause and the mechanisms of the neurotic character are known. Therapy, though effective, is difficult and limited, but it is not too much to hope that prevention is possible.

#### THE PROBLEM OF MASTURBATION

With these few introductory remarks, we may proceed to a more detailed consideration of adolescent behavior and conflicts.

The story of Ned F. illustrates one of the most common and avoided problems of youth. He was sent to me by Dr. Reich. The manner in which he came to Reich's attention is interesting and

revealing. An old woman was selling papers on the street in one of the better residential neighborhoods of the city. Sales were few and she was crying bitterly. Two young boys competed with her and were effectively depriving her of business.

Reich approached her and asked why she cried. The reason wasn't the lack of sales, it wasn't the competition, it wasn't her condition. She had a son, a boy of seventeen, who sat home all day brooding and demanding money. Her son was unhappy and she could not help him, nor could she give him all the money he asked for. Reich told her to send the boy to him.

Ned had left school a year before this but he was unable to work. He had a hang-dog expression: shoulders hunched, neck forward, head drooping. His eyes were wild and shifting, his face looked distraught. He sat home most of the time with his head buried in his arms or stared vacantly at the walls. He was close to a catatonic condition.

The present trouble, as Reich learned, began about a year ago. One day Ned's mother discovered him masturbating. She became hysterical. With a look of horror on her face, she told Ned that if he did that, he would go crazy. Frightened and embarrassed at being caught, he stopped. Immediately afterwards his condition deteriorated.

Fortunately for Ned, he was reached in time. The feeling of guilt about his masturbation was removed and he was encouraged to continue. The problem was not so easily solved, however. Each act of masturbation brought in its wake a fit of depression. He suffered from a feeling of worthlessness and he was tormented by a strong feeling of inferiority when he tried to approach a girl. Continued treatments brought about a marked improvement in his physical appearance; the distraught look disappeared from his



face; and he manifested a desire to learn to dance.

It now became necessary to help Ned find a job. Sex-economy, in its theory and practice, recognizes the interplay of social forces and biological needs. Success in therapy cannot be achieved, therefore, if the effort is made in one direction only. But Ned did not hold his first job nor his second. He had come late and was fired. No one but the physician knew that he had not slept that night but had tossed on his bed. Once again, the old trouble arose. And again, it was the physician whose help was sought.

The number of boys and girls—though the former exceed the latter—who suffer from conscious masturbation conflicts which rob them of their vitality and happiness is almost unbelievable. Most physicians will advise the boy or girl that the practice is natural and harmless if kept within reasonable limits. It is regrettable that there are some who for religious or so-called moral reasons think otherwise and add further to the confusion of the adolescent. But the cases which come to the physician are few; the heart-breaking anxiety which these young people suffer is beyond imagination.

If masturbation is an expression of a natural impulse, and harmless, why is there an almost universal reaction against it? Before we proceed to an answer, let us consider another case history, one which presents the problem in an entirely different light.

Frank S. was twenty-nine, lonely, almost defeated but making one last desperate effort to gain some happiness. He was completing his studies towards a master's degree in bacteriology at one of the large state universities. Frank was clubfooted, but this handicap could not be accounted responsible for his difficulties; for he was also personable and talented: he had a good voice, knew music and could draw well.

At twenty-two, this boy fell in love with a girl of fifteen who lived in his neighborhood. She was not only his first love, she was the first girl he had ever gone with. Both were ignorant about sex; it was a matter of growing up together; and their feeble attempts at love were confined to kissing and petting. Lack of knowledge was not the only cause of this. Frank lived in a three-room apartment with his mother and sister, his girl friend lived with her parents in the back of a candy store.

We have here another example of how economic pressure and environment interfere with and thwart basic biological drives. As we shall see later, the lack of a proper place where the two lovers could have some privacy was one of the most important factors in the failure of this relationship to mature.

Sometime during the first year of this friendship, Frank began to suffer from ulcers of the stomach. When I met him, the condition had lasted for six years. He was frequently hospitalized and had just recovered from a particularly severe attack. Frank was bitter about the doctors who had attended him at the hospital. Not one of them made an effort to discover the cause of his illness, which he earnestly believed was due to his sexual tension.

During all this time, Frank and his girl continued to "go steady." She visited him constantly whenever he was in the hospital despite the objections of her parents who regarded Frank as an unworthy suitor because of his sickness. Yet, notwithstanding the real affection each had for the other, Frank felt that they would break up and he would lose the girl unless they were able to establish a more solid basis for their relationship on the grounds of sexual satisfaction. He made the attempt just before his last attack of ulcers. They were in her home, her parents were out; but they did not un-



dress for fear that her parents would return. The girl was willing, the boy tried; the result was a premature ejaculation, and both were disappointed and unsatisfied. One other later attempt was equally unsuccessful. The girl accepted a position in Washington and left New York. Frank became ill again. She visited him once during this illness, but her feeling for him was gone, she said. She had met another boy in Washington.

It would not be correct to ascribe Frank's emotional difficulties to the ferment of an unsuccessful love affair. We may ask why this boy, at twenty-two, chose a fifteen-year-old girl for his love interest. This fact belies any assumption that Frank had reached maturity. And what of the years between puberty and so-called maturity? Frank made little mention of them; he referred only to the circumstances of his affair. I asked Frank, point-blank, if he had masturbated during that time. He was not surprised. His answer was in the negative. I was surprised. Had he not, then, felt any impulse to do so? Again, no. He had masturbated once, he admitted, when he was fourteen, but never again.

Here is the core of his problem. No intercourse, no masturbation, not even an impulse to masturbate. Then Frank told me that he had great difficulty in falling asleep at night. He would lie awake and toss for two or three hours before dropping off into a fitful slumber. And this had gone on for years, extending back to his puberty. Little wonder that with such pent-up energies and passions, of which he had made himself unaware, his body should succumb to disease!

Is masturbation really an important problem of youth? Are not the two cases cited exceptions? Do all adolescents masturbate?

The figures are misleading. There is no adequate attempt to define masturba-

tory action. Therefore despite reports which show an incidence of the practice, at one time or another, of sixty to ninety percent of boys and forty to sixty-five percent of girls, we must agree with Dr. Harold Kelman that, "In some form, it occurs at some time in the normal development of all individuals."

A more revealing conclusion is the following by R. R. Willoughby in *SEXUALITY IN THE SECOND DECADE*: "A surprising subsidiary finding that masturbation is rather often practiced without orgasmic climax, and even without (i.e., before the appearance) of sex feeling, and in both sexes." This is an observation that will require more extended discussion later.

The situation is accurately described by Caroline B. Zachry and Margaret Lighty in their book, *EMOTION AND CONDUCT IN ADOLESCENCE*: "His body is urgently ready for expression for which society affords him no approved means. Masturbation, which is his readiest available response to this urgency, is a source of emotional conflict for him, even though many adults now recognize—intellectually, at least—that it is normal. It is forbidden by one of his strongest early moral imperatives. Whatever may be his own factual knowledge or his rationalization in this dilemma, he is unlikely to escape self-reproach."

Before we proceed, we may ask how this fits into the sex-economic concepts of the energy relationships in the body. We have known for many years that sexual activity is a phenomenon which is manifested throughout life. In fact, as Reich has shown, the sexual process may be equated with the life process which follows the rhythm tension, charge (biological energy charge), discharge and relaxation. At puberty the tension becomes intensified and the excitation is strongly felt in the genitals. Masturbation is "his



readiest available response to this urgency."

It matters little to us how or where the adolescent learns about masturbation. Some say that they learned about it from an older friend, others that the practice developed spontaneously. But learn about it they will. What is important are the attitudes which accompany the action and their effect upon the adolescent.

Psychologically and physiologically, the experience is pleasurable and satisfactory only when the discharge of the energy is quantitatively equal to the amount of the tension or charge. If, then, because of guilt feelings, the adolescent holds back (inhibits the full release by contracting the expanding musculature), the result is pain and disappointment. The failure of a full discharge to occur leaves a residue of energy (tension) which is experienced as unpleasure and perceived as regret or sin when mixed with moralistic or religious values.

We are now in a position to answer a question which was propounded earlier. If masturbation is a natural act and harmless, why is there such fear of it? As Dr. Kelman says, "Unfortunately the mistaken notion still exists that masturbation is a particularly harmful practice," despite the fact that "there is no medical basis for this belief." But masturbation is healthy only when it results in deep satisfaction and pleasure, i.e., when a pre-existing tension (energy charge) is fully discharged. The ability to achieve a full discharge is dependent upon the capacity to give one's self over to the sexual feeling. However, it is just this capacity to give one's self over (sexually and otherwise) which has been destroyed in adolescents and lost to adults by a false education in the home and outside of it.

Long before the boy or girl reaches puberty, a state of mind inimical to the natural function of masturbation has been created. From the talk on the streets,

which is where so many of our early attitudes towards sex derive, the young boy or girl learns the expression "jerk." A jerk is a person who is "whacked up," i.e., obviously neurotic and unstable. The connection between a "jerk" and to jerk off, the slang expression for masturbation, is obvious. Nor does the "street" ever abstain from its derision of the natural sex functions. Its greatest contempt is expressed in phrases referring to the sex functions. And with the unfailing instinct of the vulture for its prey, the gang can sense the boy with guilt feelings about his masturbation. The uncertain eyes, the unvoiced appeal for friendship and understanding, bring forth only scorn. Therefore, long before the parents throw a real scare into youth with their threat about the dangers of masturbation, a background of guilt feelings and anxiety accompany the act.

To counteract this influence should be the duty of the parents. They have the happiness and welfare of their children at heart; but they, too, have been blinded by the same forces. Their intrusion, on the wrong side, is often tragic. Ned's case is one example. Another young man, whose youth was marred by anxiety and guilt feelings about his masturbation, told me this story:

His father approached him one day, the young man was about fifteen at the time, and said: "My boy, do you know what will happen to you if you play with yourself?" The boy shook his head. "You will go crazy. I have a relative in Europe who touched himself and he went crazy. They had to put him in an institution. The doctors told him that he could never marry and if he slept with a girl, he might die."

The shock of this threat upon his mind, he related to me, was unbelievable. He could not desist from masturbating; and, at times, in his bewilderment, he felt that his father's warning was about to



come true. The first break in his misery came when he was twenty years old. His physician told him, then, apropos a routine examination, that masturbation was harmless and that everyone did it. But the physician advised against overdoing it; once in two or three weeks was all right. The young man was afraid to admit that he masturbated as often as twice or three times a week. The misery did not end for him, he told me, until two years later when he found his way to sexual intercourse.

Why is the adolescent receptive to threats about his masturbation? Should not his own experience convince him that the act is natural and harmless? It should, if (and this is the critical point in any understanding of the subject) his experience of the act approaches the orgasm in pleasure and satisfaction. We must recognize, therefore, that for the majority of adolescents the act of masturbation is not a pleasurable experience. Their capacity to surrender to their sexual feelings (a prerequisite to the pleasure of which we spoke earlier) has been lost through a pathological character armoring—represented in the physiological sphere as a muscular inhibition of the flow of biological energy to the genitals. And this armoring process begins not in adolescence, nor in pre-adolescence, but in early childhood and infancy.

Masturbation begins with sexuality which begins with life. If Freud had made no other contribution, his forceful presentation of the facts of infantile sexuality would mark him as one of the great benefactors of mankind. Today, the knowledge of infantile sexuality is fairly common. One has only to observe children, particularly between the ages of three to five, on the street or in their homes, to become convinced that genital masturbation is practised. But despite this general knowledge, an affirmation of the

infant's right to sexual pleasure is found nowhere but in sex-economy.

Here are two specific instances. A young lady told me that her three-year-old brother casually walked up to her holding his penis in his hand. She was surprised and she remarked involuntarily, "Don't hold it, put it away." He looked hurt, then brightened and said, "You hold it for me." Someone should, he knew.

A student at the Sex-Economic Institute recollected the following from the time when he was five years old. He used to walk through his apartment holding his penis outside his pants. His father saw him doing it one day. With a severe and angry expression, the parent scolded the boy. My informant still recalls the innocent and bewildered expression with which he looked at his father. He was hurt that so natural and harmless an act should bring this censure upon him. The next day, to get even for his hurt, he urinated all over the apartment, defying his father. This, however, resulted in a beating which was never forgotten. He continued his masturbation, but now his practice became secret.

In an article entitled "Psychological Aspects of Pediatric Practice," Drs. Benjamin Spock and Mabel Hushka speak of the effect of parental interference with infantile and childhood masturbation: "The harm lies not in the habit itself but in the guilty feelings associated with it . . . Finally, the most destructive feature of the whole experience is that usually when the parent discovers his child playing with its genitals, he becomes deeply perturbed and often makes amazing threats in the effort to stop the habit at once. Such threats usually carry the idea that the genitals will be cut off, infected or otherwise incapacitated; as a result the child's fears of mutilation are stirred to the depths and he develops anxiety."

It is not even necessary for the parent to voice such drastic threats to accomplish



this purpose. The attitude of the parent has an important effect regardless of how it is expressed. Witness what Zachry and Lighty say on this subject: "Boys and girls who have grown up in families in which the body has been regarded by adults with fear and shame are likely to experience anxiety over their physical development."

If the danger lies in the child's developing guilty feelings over his masturbation, what, then, should the parents do when confronted with such actions? The almost unanimous answer is sublimation.

Spock and Huschka write: "Instead the procedure of choice is to so enrich the child's social and recreational life and his facilities for creative pursuits that he will find opportunity for sublimation in more appropriate pleasures."

Sublimation sounds good; unfortunately, it doesn't work. Of course, one can tire a child with strenuous physical exercise to a degree that it has no energy for sex play; but how long can one keep it up? And is it in the best interest of the child?

Sublimation proceeds upon the theory that the organism has a certain quantity of energy, and if part of it is diverted into cultural channels, less is available for sexual pursuits. Physiologically, however, the very attempt to block the expression of a sexual impulse (the development of inner controls) ties up energy in the mechanism of the block, the muscular armor, and less is available for other interests. In addition, the sexual impulse is not eradicated; rather it becomes distorted and finds expression in daydreams, fantasies or other symbolic acts.

Today, many more parents are aware of infantile masturbation than ever before. Their attitude may be summed up in the remarks of one parent to me: "We know it's natural and harmless. We don't

try to stop it. When we see the child touching its genitals, we simply try to distract its attention; offer it a toy to play with or something to eat."

The incongruity of this remark is obvious. Of course they stop the activity. Further, their own guilt feeling is revealed in the following: "We don't want him to masturbate in front of people when he grows up." I don't think they fool the child by these tactics. After all, its desire for sexual pleasure is unsatisfied, and it is aware of the fact that the activity is being discouraged.

Many adolescents to whom I have spoken echo this attitude. They say: "We know that masturbation is harmless, but we refrain." At most, they admit to occasional acts in early adolescence. But then, they have no heterosexual intercourse, either. There is an incongruity here too; for, if they have no guilt feelings, why do they refrain?

The problem of masturbation is completely misunderstood by most writers, parents and adolescents. And so long as they think in terms of discouraging or, at most, tolerating the practice, the real nature of the problem will escape them. Masturbation serves an important physiological function. In infancy and childhood it is one of main mechanisms by which the organism releases its sexual tension. In adolescence it fulfils the same function until the individual takes up regular heterosexual intercourse. That masturbation may produce a deep, "soul-satisfying" pleasure is indicative of the importance of this function. The real problem of masturbation lies in its failure to fulfil, adequately, this function. In such cases, one should always ask why.

Let me illustrate. The average psychologist, when confronted with a case of excessive masturbation, will say: it is harmful, it must be stopped, he should sublimate. The sex-economist, on the other hand, will inquire why. What im-



pedes the full release of the sexual tension? What characterological and muscular blocks prevent the full discharge of the biological energy? What guilt feelings are present? He would try, then, to remove these blocks and, thereby, remove the cause for such action. And, in a similar way, he would handle any other disturbance in or resulting from the practice of masturbation. The cardinal point in this technique is that *satisfactory* masturbation never creates a problem for the adolescent or his environment.

One illustrative experience is, I believe, worth recounting. One summer, I was a counselor at a children's camp in charge of a bunk of nine boys, between 10 and 11 years of age. They were a tough bunch to manage, I was told. Many were old campers who knew all the ropes. And, indeed, they were tough. They had their cliques, but they could present a united front against me. I was their friend, but I was also authority, and I could sense the barrier between us.

Returning from a visit to the girls' camp, one day, they began to use some "dirty" words. Towards the girls, they certainly were not "cissies." When they met a girl, they immediately began to wrestle with her. I introduced two boys to some girls, and in sheer embarrassment they ran down to the lake, a quarter of a mile, and back in less than ten minutes. I remarked that a knowledge of such words was no manly achievement, which they obviously thought it was, and that I could tell them all they wanted to know about this subject. Would I dare? They were ready to put me to the test.

One boy, bolder and shrewder than the others, asked me to explain a "son of a b-----." I did. Then, a "bastard." Without hesitation, I told them what it meant. He was not surprised; he, too, knew their meanings. Then, with a sly look on his face, he pulled one boy aside and whispered in his ear. He had a word

which could not even be mentioned. "I know what word you are thinking of," I said. He looked up challengingly. "What is it?" "It begins with an F," I said. Would I dare say it, he demanded. I did, and he was surprised. All the other boys were listening very attentively, now. Would I tell them its meaning. Yes, I said, when we get back to the bunk.

We returned to the bunk, it was a rest period, and everyone sat back. I began slowly. That word refers to a man and a woman. Yes, but what do they do, one demanded. They were no longer interested in the word, they wanted some honest sexual information. Without embarrassment, I told them simply all about the sexual act. My first inquisitor knew about rubber contraceptives. How were they used? What were they for? he wanted to know. Facts was what they were after, without moralizing or preaching. But I also told them the difference between the loving embrace of a girl and "f---." It was a difference they grasped immediately. Henceforth, they never used the slang expression, but always referred to the act of intercourse as "a sexual embrace." Fortunately, I had an anatomy book with me, and I could satisfy their curiosity with pictures.

They knew my wife was up at camp. "Did I do that to her?" Yes, but not in the dirty sense of the word. "I didn't do anything to her. We were in love, and our embrace was a mutual affair. A girl has the same feeling for sex as a boy," I explained. And so the questions ran on. "Could they do it?" Strangely, the slyness had vanished from their manner. With no fear of punishment, they spoke simply and directly of a subject important to them. And without my admonitions, they did not babble about our conversations to other campers. It was something our bunk had in common.

Towards me, their manner also un-



derwent a profound change. No longer was I an "asexual authority." I was simply their friend. I had lost the authority to command, but I had won their confidence and affection, and they extended to me their sincere cooperation. It was, for me, a thrilling experience.

Infantile sexuality manifests itself in another form, sexual curiosity. We can agree, in general, with Dr. Kelman in this statement on the subject: "Many of us attempt to blind ourselves to normal and abnormal manifestations of sexual curiosity in childhood. It is something of an anomaly in our society that the natural curiosity of children is applauded in all directions except with respect to biological facts. A child is aware of its body before it has any real appreciation of self. It is normal and natural for it, therefore, to explore all the bodily orifices and to stimulate any part of its body for pleasure. Yet the attitude of the majority of parents is such that the child's natural curiosity becomes inhibited and frustrated. This consequently leads to the development of abnormal fears with resultant distortions of interest and activities in bowel, bladder and genital functions."

This statement, however, is incomplete in that it fails to include reference to the natural curiosity of the child in the opposite sex. This interest is, at first, centered on one of the parents. It is in such situations that the shame of the adult in his own body is communicated to the child. Deliberate display of the body by a parent, on the other hand, is equally harmful, for the child can sense the guilt feeling of the parent behind the mask of indifference. Fortunately, the child has another outlet in children of the same age. If, then, the natural sexual play of children is obstructed, the harm to the future health of the individual will be considerable. The morbid curiosity and pornography of some adolescents and

adults has its roots in the frustration of this early infantile curiosity. It is the same with all neurotic sexual manifestations. We lay the basis for the disturbance in early childhood, then try, in later life, to prevent its manifestation through law and order. How much easier to prevent the disturbance!

However, direct sexual suppression during childhood is not the only way in which parents inhibit the natural functions of children and so prepare the groundwork for the neurotic adolescent and adult. That independence of character (born with the child and so integral a part of the capacity to give one's self wholly) is destroyed through a blind but vicious authoritarian upbringing. The most important factor is training to excremental cleanliness at an age when the child is without the ability to comprehend the necessity for such cleanliness. The harm engendered by this universal practice is well detailed by Reich in *THE FUNCTION OF THE ORGASM*. Perhaps more than any other factor, anal sphincter training is responsible for the loss of sexual sensations. But in every aspect of the child's life, feeding and sleeping, in play or at rest, the natural rhythms of the child are displaced by mechanistic rituals. If the child learns that he cannot determine when and what he will eat, how can we, later, expect him to show more independence in the more remote problems of life—politics, etc.?

I cannot say too much or speak too strongly against this early authoritarian upbringing. Both in its theory and therapy, sex-economy is forced back into the conflicts of this critical period of life. In an article entitled "Sex-Economic Upbringing" in Volume I, Number 1 of this *JOURNAL*, Dr. Paul Martin sets forth what can be done as opposed to what is done in the early upbringing of children. I can only incorporate his remarks by reference here.



A complete understanding of the problem of masturbation is impossible without some knowledge of masturbatory practices and the feelings and thoughts which accompany them. Many of the following ideas and illustrations, I have taken from Reich's book, *DER SEXUELLE KAMPF DER JUGEND*. Among the practices which are definitely harmful are those in which the pleasure is inhibited: provocation without permitting the final satisfaction (in the boy by cessation before the seminal flow); or prolonging the provocation by too frequent interruptions; and the attempt to bring the slack penis to erection without the existence of sexual excitation. In the girls, masturbation with sharp pointed instruments is not an uncommon practice. Or the masturbation may be between a boy and girl or with members of the same sex in which the final satisfaction is prevented.

It is important, too, to know the fantasies which accompany masturbation. Fantasies of sexual intercourse, of kissing and embracing, are perfectly natural; but when the fantasies are those of beating or being beaten, there is some cause for alarm. Then there are the ideas which youth has with respect to the act of masturbation. It is a common belief that masturbation weakens the body: as one boy expressed it, "When I have a discharge, it feels as if my lifeblood were ebbing away." This phenomenon is quite real. It is due to the inhibition of the strong preorgastic sensations which then are not followed by the experience of orgasmic pleasure and satisfaction, and is one of the reasons why boys stop the act before the discharge.

This phenomenon, so completely misunderstood by the boy or girl, is distorted with future serious consequences. The flow of biological energy to the genital during masturbation or during the sexual act is experienced as feelings and sensations of "melting" and "draining" in the

thighs and pelvic musculature. In healthy individuals, this feeling of melting suddenly becomes intensified just prior to the discharge or release. This increase in the excitation, perceived as a sensation of the whole body flowing or melting into the genital, is what the boy or girl fears most and tries to prevent. But it is this melting sensation of the whole body which constitutes the giving one's self over of which we have spoken so much. Without it no orgasm is possible; the ejaculation of the boy then becomes a sluggish outflowing instead of the quickened pulsation it should be. Then, indeed, a waste has occurred and the fantasy is not unjustified.

How does the adolescent, boy or girl, prevent the increase of the excitation? The mechanism of inhibition consists in becoming muscularly rigid, extending the legs and constricting the musculature surrounding the abdominal and pelvic cavity. In contrast, the body of the healthy individual is mobile and responsive to the impulses. But since character armoring likewise consists in a muscular rigidity, the individual with neurotic character defense mechanisms is incapable of yielding to the consummation of the preorgastic sensations.

Masturbation is not the central problem of youth; but in their relation to it, they manifest all the contradictions in their attitude towards their sexuality. Also, because masturbation is the threshold to the mature and satisfactory sex life, any disturbance which occurs at this point will exert a detrimental influence upon the future sexual happiness of the individual.

Sex-counselors must know that masturbation is beneficial only when it is deeply satisfying, and it is their function to remove all hindrances to the complete enjoyment of the act. It is not sufficient, therefore, to tell an adolescent that he need have no guilt feelings about his masturbation; it is necessary to follow



through the counseling to the point where the adolescent achieves the capacity of full surrender. Frequently, this may require vegetotherapeutic treatment, and where this is indicated, counseling alone is inadvisable. Nor would it do to encourage masturbation where it would result in conflicts which cannot be handled within the scope of the counseling service.

How long shall the period of self-satisfaction continue and how often shall recourse be had to it? The answer to these questions in individual cases must depend upon the individual. From a biological point of view, the answer is simple: As long as masturbation affords a satisfactory and pleasurable release from a pre-existing tension, it is beneficial and may be continued. This concept, based upon natural self-regulation and the pleasure principle, is basic to any understanding of this problem.

If masturbation serves the function of bridging the gap between childhood and sexual maturity, it can become harmful if unduly prolonged. We must be careful, however, not to condemn masturbation even during maturity. In addition to the personal problems which most young boys and girls face, there are, frequently, almost insurmountable obstacles to a healthy sexual relationship between young persons. The difficulty of finding a place where the boy and girl can be alone and undisturbed is tremendous, especially in large cities where whole families, including grown children, live in a series of interconnecting rooms.

But masturbation at maturity does have the disadvantage of isolating the individual. It is an easy way out and removes the necessity on the part of the boy or girl of going out and finding a partner of the opposite sex. Its undue continuance may lead to homosexuality which is further encouraged by a society which in many ways segregates the sexes.

Masturbation is not the solution to the

problem of the adolescent's sexual need and must not be regarded as a satisfactory substitute for intercourse. After a short period of masturbation, the healthy adolescent will demand a sexual partner and in this he will not be frustrated.

#### ADOLESCENT SEX LIFE AND THE PARENTS

To close one's eyes to the fact that many adolescents have sexual relations is both foolish and a gesture of helplessness. To inveigh against this situation is futile. Healthy adolescents will find their way to satisfactory sexual relationships; others may not reach this goal but they, too, will engage in sexual acts under a variety of conditions.

Some indication of the extent of adolescent sexual activity may be obtained from the following statement by George E. Gardner in "Sex Behavior of Adolescents In Wartime": "However, in a recent as yet unpublished study by the writer, it was found that in a group of 221 late adolescent males (17-20) 172, or 78 per cent of them, had had heterosexual experiences by the age of 15.5 years."

It is certainly not a question of the proper environment, as this quotation from "The Social Background of Wartime Adolescents" shows: "The increase in this type of delinquency (sexual) has been startling. The young girl has become a serious problem even in the transmission of venereal diseases. It would be a great mistake also to suppose that these girls who are offering themselves to soldiers and sailors come only from homes of poverty and ignorance. Although no doubt in greater proportion they do, every experienced social worker will bear testimony that they also come forth from families that are of high quality."

Judge Lindsey has an interesting comment in *THE REVOLT OF MODERN YOUTH* on one such case of the very many which came to his attention: "They thought they knew all about their daughter; that



her mind in adolescence was as much an open book to them as it had been when she was just coming out of infancy—and fearlessly prattled whatever came into her little head—and continued to prattle till she found for some reason or other, she mustn't, and henceforth educated herself in hypocrisy and deceit for her own protection."

Of course, the answer to this is greater parental supervision. James S. Plant, in the *Annals*, says: "A considerable amount of the present increase in delinquency is due to the lack of home supervision." But what to do? In view of the above, shall we lock the children in?

Then, more school supervision. Dr. E. R. van Kleeck, in an article entitled, "A Return to Religion—The Cure for Delinquency," makes this recommendation among others: "Get increased state aid . . . and thus get smaller classes and more individual attention. Then you can catch the germ in time. Then the teacher can give the home more information about the individual child. Thus two-thirds of the trouble will disappear."

Here is another quotation from Lindsey's book. Speaking about the principal who thought she knew what went on in her school and could control the activities of her students, he wrote: "The amazing thing, not only about her but about an unfortunately large portion of the teaching profession, was this belief that the job could be done that way; that people could be managed that way; and that the thing was actually working, when she could not have made it work if she had had a hundred eyes, and a corps of trained spies with periscopes and microscopes in every nook and recess of her school."

In New York, in the poorer sections of the city, it is not uncommon for a boy to take a girl up to the roof and there "lay her," as he puts it. Among the wealthier classes, the automobile, parked on some

lonely road, affords the necessary privacy. Or it has been done (and is done) in dark hallways behind the stairs, in the living room of the girl's home after her parents have gone to bed. In the summer, a secluded spot in a park behind some cover is a favorite place. Yes, youth finds some way. If, now, we deplore the expression of the sexual impulse under these circumstances, we do not condemn the boys or girls who engage in such acts. It is only because full surrender to the sexual feeling is impossible under these circumstances, that such actions lose their character as expressions of love.

This lack of condemnation must not be construed as an approval of the neurotic sexual behavior of adolescents referred to above. Two viewpoints are possible. One is to attempt to prevent such acts by restricting the expression of the sexual impulse in adolescence; for example, the demand for premarital chastity. This is the attitude of our present social organization. Unfortunately, it doesn't work despite every pressure brought to bear upon the adolescent, and its failure is becoming more evident every day. Where, in specific cases, it is effective in suppressing adolescent sexuality, the result is an unhappy adolescent and a neurotic adult. Superficially, he has conformed; inwardly, the rebellion takes the form of neurotic sexual fantasies, neurasthenic symptoms, etc.

On the other hand, one can proceed scientifically to investigate the reasons for such behavior. Behind every case of indiscriminate and promiscuous sexual conduct, one will find a disturbance in the sexual function. To the sex-economist the actions of the so-called "victory girl" are as much a medical problem as a tic of the diaphragm or a psychotic condition. But, though the problem can be handled therapeutically in individual cases, on a mass scale, the only solution lies in prevention. We must know, therefore, the causes of



the common disturbances in the sexual function, and knowing this, we must eliminate them. The individual capable of orgasmic experience in the sexual act does not enter into promiscuous sexual relations, is not a bearer of venereal disease, and is, always, a productive member of society.

Adolescents must be helped to a satisfactory sexual life, if possible. Bear in mind that the alternative is a generation of neurotic adults, dominated by secondary drives, who confuse pornography with sex. How is this help to be extended? Certainly not by clamping a lid of secrecy upon the sexual needs of youth, nor by all the talk about venereal disease. Strangely, those most impressed and frightened by the danger of venereal disease are the strongly inhibited and repressed adolescents, those furthest from any sexual contact.

The effect of secrecy has only been to create an estrangement between parents and children about the most vital problems of the adolescent. Few, indeed, of the boys and girls I have known, or have had occasion to speak to, have told their parents about their sexual experiences. In fact, the idea that one or both parents should know was quite shocking to them. One young lady, about thirty-four, who had had relations with men since her early twenties, was amazed when I asked her if her mother knew of it. "Oh, no," she said, "I couldn't bear to let her find out." And one adolescent I knew, past thirty, would not let the thought be mentioned in his mother's presence that he had ever been intimate with a girl. In most cases, it is the mother of whom most fear is felt. Another girl, of nineteen, who had been sexually intimate with one boy for three years and frequently spent week-ends at his home, was certain that her mother suspected nothing.

Are parents really ignorant about the sexual activities of their children? Some

undoubtedly are. Many, I feel, suspect the possibility but are themselves afraid openly to recognize the fact. Here, then, is one cause of the mess.

In one home with which I am familiar, the mother learned, by opening a letter, that her eighteen-year-old daughter had been intimate with a sailor to whom the mother objected. She found out, too, that they had had relations without contraceptive precautions. It would seem that a frank discussion about sex between mother and daughter was called for now. The mother could not have prevented the girl from continuing her relations with this boy; she was too much under his domination; and on one previous occasion, the girl had defied her mother successfully. But contraceptive advice would have been welcome if properly presented.

Yet the mother could do nothing; she could no more mention the subject than if it had been taboo. Between the two there were acrimonious arguments about other matters, then gushing reconciliations. The girl was obviously neurotic and had stated that she had experienced no sensation whatsoever in the sexual act. And without the mother's support no one else could help the girl, until deterioration had progressed to the point that psychiatric treatment would be necessary.

Are the parents responsible for these situations? To a great extent, yes. We do not blame them, however. They are burdened with guilt feelings about their own sexuality and are more in need of counsel than their children. The latter cannot be effectively approached, however, unless the parents are included in the discussion or program of action. So in his European work, Reich found it necessary and advisable to speak to adolescents and parents in one group. Both have similar problems (for in these meetings the parents were as concerned with their own personal sexual problems as their children



were with theirs), and are brought closer together in the common solution.

Such neighborhood discussion meetings have not yet proved possible here. It becomes the duty, therefore, of the parents to become acquainted with sex-economic information. There are two groups of parents, however. One consists of those parents who have so repressed their children that the latter are utterly incapable of entering into any sexual relationship with the opposite sex. Dominated, frequently, by strong religious feelings, they are deaf to any rational appeal. On the other hand, there are those parents who profess a liberal attitude towards their children's sexual needs. These parents encourage their children to be popular and have frequent dates, they manifest an active interest in their children's social life, and play the part of the modern mother of modern children. And it is in just these homes, that the greatest tragedies often occur.

Is that statement surprising? It does require some elucidation and the explanation of a phenomenon which is completely misunderstood. In the Puritanical, authoritarian home, regardless of religion, the children, brought up under a moral code which imposes duties but provides for no pleasure, are, in large measure, resigned to their fate. This is not an absolute statement, but is dependent on the degree of repression and the innate energy of the child. Where there is no expectation, there can be no disappointment; only great aspiration can result in great tragedy. In the modern home, where repression is not severe and the sex attitude is tolerant but not negative, where the promise of real happiness is held forth but unfulfilled, the threat of an acute misery and unhappiness is greatest.

Looked at from the biological viewpoint, the greater the amount of free energy, the more it becomes imperative to release that energy through the primary

sexual channels. In this respect, the genital is the safety-valve of the human organism; any failure in its proper function can result only in explosive releases in secondary (destructive) channels. This explains the attraction of fascism for the modern youth and the sexual perversions which go with it. For in these cases, it is not a question of sex or no sex but of a healthy and satisfactory sexual life as compared with the secretive, promiscuous, and unsatisfying relationships which occur. The sex-tolerant attitude must be replaced by a sex-affirmative attitude.

We must distinguish the so-called progressive home where the patriarchal authority is replaced by the domination of the mother. Simply stated, it is a home governed by the precept "mother knows best," and is in no way less authoritative than the patriarchal establishment. Superficially, these homes appear to be progressive; but insidiously, and with sweetness, the mother imposes her will upon the conduct of her children with their active acquiescence. Adolescents, in these homes, never make a decision or take a step without previously "talking it over with mother." These are not the almost healthy adolescents; they are severely repressed; and their path to sexual happiness is seriously blocked.

The whole problem of the relationship between the adolescent and his parents sooner or later becomes focused on the question of whether the youth shall leave or remain in his parental home. In his answer to that question lies the key to an understanding of the youth's attitude towards his sexual feeling. For the girl, this question frequently crystallizes about her right to stay away from her home overnight or for a longer period.

In the literature on the subject, this problem is recognized as one of the major conflicts of adolescence. Peter Blos, in his book, *THE ADOLESCENT PERSONALITY*, lists "emancipation from the family" as one



of the three major goals of adolescents. In the *PSYCHOLOGY OF ADOLESCENCE*, Luella Cole lists the following as problems of adolescence: "He must develop heterosexual interests, he must become free from home supervision, he must achieve economic and intellectual independence." The effect of the war upon this conflict is set forth by E. R. and G. H. Groves in an article, "The Social Background of Wartime Adolescents": "It is apparent that one of the most important effects of the war has been both to increase this desire for independence in the emotional feeling of being self-important and self-controlled, and to provide extraordinary opportunity for the establishment of the self-direction so deeply craved."

There are several aspects to this adolescent-parent conflict. Superficially, it represents the rebellion of a younger generation against domination by an older generation and frequently the clash of different cultures. More fundamentally, however, it is the struggle of youth for sexual happiness. Few writers are aware of this phase of the conflict for it has already become internalized. Psychologically, the desire for sexual pleasure is restrained by fear of punishment. Physiologically, the impulse for sexual satisfaction is inhibited by repressive mechanisms which have in the past been developed in the child. On no other basis can we adequately explain phenomena such as are revealed in the following account taken from Phyllis Blanchard's *PROBLEMS OF THE ADOLESCENT GIRL*:

"Much has been written of the rebellious attitude of the girl toward her parents when she becomes adolescent, but less has been said of the guilt and remorse which assail her after her outbursts of defiance and rebellion. Perhaps the tormenting conscience of the adolescent is less apparent to ordinary observation than the defiant and rebellious behavior; the latter is shown openly, the former is endured secretly in many instances. But any-

one who has worked professionally with girls in a therapeutic situation, has heard not only their descriptions of their behavior towards their parents, but also their questions as to whether after all, the parents may be 'right' and themselves 'wrong,' and their accounts of remorseful feelings and tears shed in secret after they have disobeyed parents or criticized them."

So that even if the girls are "right," they are without that inner certainty which would enable them to translate their conviction into constructive action. How then are young people to gain that "emancipation from the family" so requisite to adulthood? The answer is that they don't. The almost universal reference to mother-in-law problems is a humorous allusion to a tragic situation. With this background, we are prepared to consider the first of the two case histories which follow.

Howard was a pre-dental student at one of the New York Universities when he came to consult with me about his emotional difficulties. Howard was twenty-two; and he had been in love with a girl for about four years. During this time, there was an interval of about one year when they did not see each other. The affair was not a satisfactory one, and Howard's face reflected his unhappiness. His eyes were small and, behind his glasses, hateful; his face was thin and drawn. There had been no sexual intimacy between them.

The crux of his problem was, as he stated it: shall I leave my girl or shall I continue seeing her? The boys at the place where I work say that I am a fool; they say that I am just buying her affections. But I don't think so; I think she really cares for me. They say that I should go out and get laid, and they want to take me out and get me fixed up. I don't want to leave her, but I'm afraid that I am going to lose her. She wants the same thing that I want; and if I can't make her



happy, she will turn to someone else. Shall I leave her?

There were, in addition, obstacles interposed by their parents. Howard's mother objected to his becoming serious with the girl because, as a student, he was in no position to assume marital obligations. Her parents were opposed to him because he was too moody and he was not yet earning a living.

Howard was sure that the girl cared for him; she liked to be close to him physically, and she dated with him regularly. He believed, and in this he was right, that her affection would remain unsteady unless it could be established upon more substantial happiness than dates and kisses. What was the difficulty, then? When he brought her home at night, after an evening out, her mother would join them in the living room and watch them until after midnight. Howard was certain, too, that after she retired to her bedroom, which was just off the living room, she lay awake and listened to hear what was going on. In the early morning hours, she would get up and cross the living room to go to the bathroom. Under these circumstances, Howard was afraid to do anything but lie close to the girl fully dressed. Frequently, he ejaculated in his clothes but the experience was unsatisfactory. And, he said, he dared not take her to his mother's home.

Well, young man, you might solve your problem if you had your own apartment or furnished room. Howard was working, and the money he spent on one date alone could have paid for a furnished room. But as soon suggest that he commit a crime! No, he couldn't do that; his mother would object. His condition was really desperate: he couldn't study, his frustration and desire drove him constantly to the girl's house. There, he was uncomfortable, and in consequence he suffered protracted periods of depression.

On the other hand, the advice he got

from the men with whom he worked only confused him further. They derided his affection and ridiculed him for the lack of sexual intimacy; they found no difficulty in going to sleep with a girl, in fact with a different girl every other night.

This attitude of the "street" towards sex made it difficult for Howard to approach his own girl physically. It disgusted him and he could not reconcile it with his own feelings for his girl. But he was uncertain; maybe they are right, he said.

This same attitude is responsible for much of the misery of youth. Young people cannot easily deny their sexual needs, but they hesitate, too, to accept a barren sex, one that is divorced from their feelings of love and affection. And in this confusion, they adopt the double standard of society.

Howard was quite surprised when I told him that sex was love, love in action; that is, if we distinguish between a sex based upon the ability to give one's self to a partner and a sex dominated by secondary drives (domination, the desire to assert one's manhood, sadism). The distinction is important: the former is as much to be desired as the latter is to be condemned. And youth will reject any advocacy of sex which does not emphasize this distinction.

Individual problems, as we have seen in Ned's case, are frequently not solved with advice. Underlying Howard's difficulties were disturbing sexual fantasies. He was under the impression that intercourse with a girl in whom the hymenal membrane was unbroken would result in a voluminous flow of blood. True, some blood would flow, but his fear was irrational. In addition, he lacked the feeling that he could bring a girl pleasure by caressing her body with his hands. He had never touched a girl's breast, and he was convinced that if he did, she would shrink from his touch. This phenomenon is not unknown in vegetotherapy. The feeling of



lack of contact with one's hands—biophysically, a reduced orgone charge in them deriving from muscular tensions—is of widespread occurrence.

Now, what about Howard? He shows the picture of an immature youth, unhappy, sexually disturbed and in a fair way to make a failure of his career. His mother is unaware of this situation, but, nonetheless, plays a decisive role in it. The central conflict in Howard's life is his relationship to his mother: his dependence on her and resentment of that dependence; his need for her affection and anger at her lack of feeling; his sexuality and her aloofness. In the crush of these conflicting emotions and impulses, a young man's soul and body are being ground to ashes—the ashes of bitterness. This dependence upon the maternal influence (I have never seen it manifested so strongly towards the father) has its counterpart in a lack of independence and maturity in the social and emotional life of the youth.

Howard's conscious difficulty is but the superficial manifestation of his fundamental mother conflict. He cannot approach his girl sexually because she is his mother and he cannot give himself to her sexually. But she is at the same time the antithesis of the maternal influence, the object of an impulse directed away from the home, and he cannot yield to it. Yet the need for sexual expression is urgent, and the outlet is a girl who is outside of his class or social group and, therefore, does not represent the mother.

In almost every case in which an adolescent approaching maturity lives in his parental home, an ambivalence of emotion towards the mother can be demonstrated: love and hate, desire and repulsion. And in their sexual conduct, such adolescents invariably exhibit a double standard of morality.

It is virtually impossible for an adolescent, or for an adult, too, for that matter,

to surrender fully to his or her sexual feelings without the privacy of a separate room. The average apartment affords no such privacy. True, the fact that a youth does have his own place is no guarantee that he will experience the orgasm but it does provide the prerequisites (both in terms of character and surroundings) for its occurrence. And the failure of a youth to make the break is indicative of retardation in his sexual and emotional development.

I spoke of another case history. George W. is also twenty-two and a student in one of the engineering schools in the city of New York. During the past year in which I have known him he has resided in a furnished room not far from where his family lives. I visited the home of George's parents; it is in most respects superior to the home of the average New York family. His parents are well educated and intelligent.

Why, then, did George leave? His answer was that his presence gave rise to innumerable small frictions with his mother. Her well-intentioned advice about the small details of everyday existence annoyed him, and he could not tolerate the feeling of surveillance which his parents aroused in him. This answer is valid but superficial. There were two more fundamental reasons. There was the desire to have a place of privacy where he could sleep with his girl friend. No parental home, no matter how luxurious, satisfies this need unless the adolescent's room has a private entrance and bath. And there was the underlying desire to break away from the parental influence, to gain his independence and freedom.

In contrast to Howard, George was happy. His relationship with his girl friend was good and he had no low moods or depressions. The effect of this showed in his work; not in his school work which was average but in his other pursuits. He read extensively in psychology, economics



and anthropology and his grasp of social problems was excellent.

George was not financially independent; his father contributed to his support. Where it is financially necessary that a young man, or girl, should live with his parents, the economic pressure is a factor which, in these cases, adversely affects the satisfaction of biological needs. It is my experience, however, that this is rarely the real reason. It is the first assigned motive and becomes a point of irrational defense. Can we criticize a young man who claims that he is under obligation to contribute to the support of his parents and that, therefore, he cannot afford to establish an independent domicile? But, then, this young man marries, and he finds no difficulty in supporting a wife, maintaining a home, and, perhaps, raising children.

Girls advance one other argument. They do not wish to lose the companionship of their mother. To live alone is lonely but only until one establishes a sexual relationship that is satisfactory. The need for this liaison becomes so strong that living alone becomes painful without it; and the need is not assuaged by casual dates or temporary intimacies be they ever so numerous. But this is good, for just such a longing forms the basis of a true union between a man and a woman. This dependence on the mother (both a cause and the result of the disturbance in the economy of the biological energies) is rationalized by youth to avoid the reality of his sexual need.

What are the causative factors which bring about this condition of dependence on the mother? To answer this question, we must go back to the early upbringing of the child. Our remarks, necessarily, will be general. The interplay of the instinctual demands of the child with the environmental forces, parental and social, is such that in particular cases only an extensive character-analysis can assign respective spheres of influence.

Educators and pediatricians have long been aware of the importance of and need for affection in the emotional development of the child. There is no question but that the lack of affection provides the basis for the neurotic character. What is not so well understood, however, is the exact nature of this affection.

Child guidance counselors speak of the need of a child to feel that it is wanted. They emphasize, too, the fact that a child is aware of its parents' attitude. It is our contention that the child can sense the difference between genuine affection and pretended love, that it knows when it is really wanted and when the parents are merely trying to cover a real antagonism or indifference. There is no sense, then, in making a child feel that it is wanted if, in fact, it is unwanted. Such hypocritical situations only serve to pervert the child's natural honesty. One cannot give a child affection if one has no affection to give.

One mother told me that she and her husband had difficulty with their child at dinner. The child, a boy of about twenty months, insisted upon sitting on his father's lap while the father ate. The father, middle-aged and hard-working, wanted to enjoy his meal quietly but, knowing that he paid little attention to the child, took him up. The child was not content just to sit; he wanted his father to give him constant attention and to play with him, and his constant efforts to obtain attention aggravated the situation.

Such situations are possible only because the parent has guilt feelings about the child. Where they are present, one feels compelled to cater to every wish of the child. But even this does not satisfy the child; the real affection which it wants is missing. The spoiled child is not the result of too much affection, rather it is a product of overindulgence growing out of the parent's feelings of guilt.

The real affection is characterized by a regard for the infant or child as a per-



sonality in its own right able to receive and to give love. Too many parents consider the love of their children to be their due. Unfortunately, the child fails to understand this. As a little animal, free and independent in its emotional responses, it gives its love only in return for the parent's affection. When the parents, exercising their superior power and authority, dominate the child's life, its reaction is resentment and aggression. The healthy child will strike its parents or kick at them. At this point, the parents buttress their position with a moral authority. To hit a parent, to speak in anger to one, nay, even to refuse to obey, is sinful. What child can express hatred of a parent? The necessities of existence require a show of affection and the hate, too, is repressed. Years later, the picture shows a devoted and loving adolescent in whose depths are wells of hatred.

It is the existence of this subconscious stratum of hate which is responsible for the dependence of children upon the parents, especially the mother. Rising upwards through unconscious guilt feelings, this hatred becomes transformed into a surface devotion the strength of which is proportionate to the amount of hatred in which it has its genesis.

In another respect, however, the dependence upon the mother grows out of a withholding by her of the physical affection which the infant and child need. Here we come to the essence of a real love. The infant derives most of its pleasure from the body of its mother and from her caresses. An infant can be as emotionally starved through a failure to obtain this physical intimacy as any adult through the lack of sexual intimacy. In each case, the result is the same: a nervous tension and anxiety which become familiar as the "insecurity" of psychologists. Security is never an objective phenomenon; it is only a mental state growing out of an awareness of continuing deep satisfactions.

And now we see why the dependence of the adolescent is always on the mother. He craves her body (frequently this desire is directed towards her breasts) which she withheld from him in his infancy and he hates her for having denied him on the one hand and dominated him on the other.

We have yet to inquire into the ways in which this domination is expressed and also into the reason why a mother will deny to her offspring this physical contact and affectionate understanding. To fully appreciate the significance of the present-day upbringing of children we must conceive of the infant as a young animal as indeed it is. The same person who would deem it absurd to set up a sleeping schedule for a pup would not hesitate to apply one to a child or infant. If we consider that nature provides the young animal with an awareness of its own needs, why except the human? When parents intrude their wishes into the lives of their children, that is, when they determine when and how the child is to sleep, when and what it is to eat, how long it shall play and how long it shall rest, they are interfering with the innate vital rhythm of the new personality.<sup>1</sup> Unfortunately, the disturbance is not limited to the time of the acts; once the child acquiesces and adjusts to this artificial and formulary pattern of living, its character becomes anchored in a muscular armor which may stifle its energies throughout its life. In addition, there is the brutal training to excremental cleanliness the effect of which, as Reich has so clearly demonstrated, is to destroy the free pelvic movement and decrease the intensity of genital sensations.

In view of the foregoing, how much real constructive value is there in such general statements about love and domination as the following by Caroline Zachry: "Similarly, those who have never really

<sup>1</sup> Cf. Martin, Paul: Sex-economic "Upbringing," *This Journal* 1, 1942, 18ff.



felt or even known the love of their parents approach adolescence lonely and unsure and afraid, without the basic belief in themselves to weather its stresses and strains. And those who have been dominated by one or both parents, whose fathers and mothers have been trying to force them to conform to some pattern of behavior, or to choose a profession simply because this represented their ideal and not that of the boy or girl himself—these will be unable to achieve real independence."

Compare this talk about "some pattern of behavior" with what actually happens. A little boy ran up to his mother, who was sitting and talking with other mothers, and said that he wanted to go down to the corner to play with some friends. His mother said, "No." The boy persisted trying to obtain her consent. She looked at him sternly for annoying her and with a tone of absolute finality, said, "I said no." I had witnessed the scene and could see no rational reason for her refusal; the other children were just a short distance away. On another occasion, a mother told her small son to go upstairs. He refused. She grabbed him and administered a solid smack. Hurt, he turned and went up, but I heard him mutter under his breath, "Louse."

What is the pattern of behavior in these cases? Simply that the child must listen to and obey its mother implicitly. But is that not, also, the basis of our so highly vaunted family life?

Visiting at the home of a couple, both teachers, I was introduced to their three-year-old son. He looked thin, unhappy and disturbed. I remarked to the mother, "You are going to have trouble with him, later." "Oh, no!" she said. "When his father isn't home, and I just look at him, he cries: 'Mummy doesn't love me any more.' He obeys me immediately."

These illustrations are not exceptions. They are the rule. Exceptions are rare,

indeed. Talk about the family as a protective and security agency for the child is misleading unless we distinguish between the common, authoritarian family and one based upon the principle of natural self-regulation.

The actual practice of parents is, of course, supported by "authority." Few writers fail to include discipline as one of the purposes of the family. Luella Cole writes: "Third, it should in a consistent manner supervise the child's behavior. Finally, it should educate children in acceptable modes of response to social situations." Dorothy Hankins states: "If a child comes to adolescence with a past experience that has included love, a reasonable degree of discipline from those who love him . . ." Lest we forget, the parent is prosecutor, judge and executioner in all cases.

We return, now, to the question as to what accounts for the fact that mothers withhold affection from their children and subject them to a mechanistic, lifeless upbringing. Reich has stated that from the point of view of the energy relationships there is no difference between the contact of the mother's nipple and the child's mouth on the one hand and the penis and vagina on the other. We are justified in speaking of both as sexual phenomena. If this is so, a woman who is sexually impotent will be equally frigid in her physical and emotional response to her child. And this, despite the fact that such women are most vociferous in proclaiming their love for their children!

To such women, love is not physical intimacy and affectionate caress but the guiding hand which knows what is best for the child. Whereas the sexually potent woman regards her child as an individual with its own personality capable of regulating its own life, the frigid woman treats her child as a domesticated animal which must be taught the proper responses. If this seems an overstatement, I am sure



that it can be justified by numerous cases. The armored mother must, perforce, attempt to armor her child, for to her, though subconsciously, the armor is a protective device which the child, too, will need. Unfortunately, they seem justified in this action by their own experience. How to convince them that the natural motility of the child is its own best protection is the problem. Here, too, we see that the genital character, capable of sexual surrender to her husband, is capable of surrender to her child. And to the degree that the woman is sexually disturbed the mother is physically unresponsive to the child.

It is not unknown that the woman who is sexually unsatisfied with her husband substitutes the child as a love interest for the man she cannot have. Where the healthy woman would seek a new partner who could satisfy her, the impotent woman holds on to her husband and expresses her sexuality in perverse ways with the child whom she dominates. Only on such a basis can we understand the practice of mothers who find pleasure in giving enemas to their male children. On this basis can we understand the common objections and protests mothers voice to the marriage of their sons especially when there is only one boy in a family.

Now, what about the father? If we have neglected him so far, it is not to mean that he is not in this picture. Generally, there is one dominating personality in the family. If that one is the father and if he is a strong disciplinarian, the sexual repression of the children will be equally severe, with this difference: His influence is felt at a later time in life by the child and becomes especially strong during the adolescent period. The effect upon the child is different, too. The child does not need the affection of its father to the degree that it requires it of its mother. No child or youth, therefore, depends upon the father to the point that he can-

not feel anger and hate for any attempt by the latter to dominate him. If the father is so strong that the anger and hatred cannot be expressed, they become suppressed and are covered by fear.

Children cannot live in a constant state of fear. They become submissive and obedient to their father and cruel and dominating towards younger children and those weaker than themselves. This is the typical pattern of development of the fascist character (*cf.* Reich, *THE FUNCTION OF THE ORGASM*). The existence of such a character structure precludes the orgasm reflex and so ruins both the health and happiness of such persons. When these individuals become, in their turn, parents and teachers, they enforce against their own children and students the very authority which once they hated.

The father, more than the mother in our society, represents the conventional moral force of the community. The community represses and inhibits the natural sexual function directly and indirectly through its institutions and mores. But we must remember that the sanctions of these customs gain their validity only from the authority of the father. Were it not so, each generation would re-examine the precepts and teachings of its predecessor.

Though the authority of the father is considerably weakened today, in many homes it is still the dominant influence. Prohibitions against masturbation and against staying out late on social dates stem mostly from the father. How important this latter prohibition is may be gleaned from the fact that the adolescent's first step towards independence and maturity is his determination to stay out as late as he wishes. Among Italians, for example, stern fathers require young adolescent girls to be in their homes after dark.

One case which illustrates the extremes to which this prohibition is carried is the following: At 21, R. B. did not yet have



a key to his home. He was required to be in by ten o'clock on weekdays and twelve on Saturdays, as his family retired at that time. If he did not get home by that time, there was no way for him to get into the house.

In MIDDLETOWN, the Lynds report that 45 percent of 348 boys in the upper grades of the high school and 43 percent of 382 girls who replied to their questionnaire admitted they were having difficulty with their parents about the question of late hours. The others either had no such difficulty or did not admit to it. The latter is a more probable assumption, for my experience has been that this question is an almost universal point of conflict between parents and adolescents.

If we do no more than mention some of the restrictions parents place upon adolescents, it will yet show the degree to which they dominate their children. Most parents claim and exercise the right to determine with whom their children shall associate. Many parents buy or choose their children's clothes. And even when the adolescent begins to work, it is not the rare father who takes his child's earnings.

To realize the extent to which some

prohibitions are carried, we need only recall instances of interfaith marriages. A young Catholic girl married a Protestant boy. Her family renounced her and forbade her to enter their home. In three years she has not seen nor heard from them. Think of the passions which are engendered in the parents on both sides when the relationship is between a boy or girl of Jewish ancestry and one of Christian faith.

But though there be but one restriction or prohibition, if it be strongly enforced, the effect is one of autocratic authority denying the independence of the child. We must insist that in his own affairs, each adolescent, each child, and even each infant has the inalienable right to determine his own course of conduct. No less constitutes a real democracy in the home; and without such a home set-up, no real democracy is possible in the greater society outside the home. Unfortunately, our insistence is of little value unless backed by the demonstration of the fact that any other basis for the relationship between parents and children undermines the character of the children and destroys the possibility of their happiness in life.



## FROM THE ORGONE INSTITUTE

# OUTLINE OF THE PRESENT ACTIVITIES OF THE ORGONE INSTITUTE

The activities of the Orgone Institute comprise three distinct fields: I. Research; II. Teaching; and III. Organization. For the experiments, methods and results reference is made to the publications of the Institute.

### I. RESEARCH

#### 1. *Orgone physics and Orgone biophysics.*

This work is devoted to the experimental and theoretical investigation of the orgone energy. It is organized in a special subdivision of the Institute, the *Orgone Institute Laboratories*, comprising a mechanical workshop and an experimental physical laboratory. The latter is equipped with high-power microscopes, galvanometers, Xray apparatus, electrosopes, apparatus for microphotography, both still and movie, complete bacteriological laboratory, apparatus for photometry, secondary coil systems, telescope, projection apparatus, etc., and devices specially constructed for the study of the orgone energy, such as orgone accumulators, apparatus for measuring the orgone field, organoscopes, etc.

The orgone energy represents an entirely new, hitherto unknown type of energy. Its study, thus, presents three main tasks: Observation and study of the orgone energy as such; the relations of the orgone energy to electromagnetism and problems of astronomy; and the relation of the orgone energy to living matter. Accordingly, the following studies are being conducted:

a) Continuous investigation of the binous, vesicular structure of disintegrating matter, living as well as non-living, and

its changes from non-living to living, and from living to non-living state.

b) Continuous microscopic and microphotographic study of the organization of micro-organisms from orgone energy vesicles, special attention being paid to basically similar processes in cancerous tissues.

c) Investigation of the properties of the atmospheric orgone energy in its relations to so-called static electricity, to light, heat, weather formation, etc.

d) Formulation of the natural laws according to which the cosmic orgone energy functions. The main problem here is the question whether the basic functional characteristic of the orgone, *pulsation* (i.e., alternating expansion and contraction), which is clearly demonstrable in living matter, also functions in non-living nature (*orgonometry*).

The archives of the Institute contain approximately 2,000 meters of microfilm recording some of the findings.

#### 2. *Orgone-physical research in the field of the biopathies, that is, the biopsychiatric diseases due to stasis of biological (sexual) energy.*

This branch of the work is organized in the *Orgone and Cancer Research Laboratory*. Experimental orgone-physical research in cancer has been carried on for some ten years. The cancer biopathy came to be the center of this work because of its psychosomatic structure which connects it with every branch of natural science, thus promising to lead to a unification and integration of scientific effort. Although the work is centered on the study and the prevention of the carcinomatous shrinking biopathy, other biopathies, such as functional heart disease and emotional disorder



ders, are also within the scope of our research. This research is done by means of the three basic techniques which enable us to investigate and practically handle biological energy: *character-analysis*, *vegetotherapy*, and *orgone therapy*.

The biophysical causes and mechanisms of many biopathies are as yet unknown. The experimental patients come, as a rule, with the consent or on the recommendation of their own physicians. During the past 4 years, 43 patients with biopathic diseases were under experimental research and treatment; among these, there were 26 with cancer biopathies. Before the orgone experiments on human biopathies were begun in 1941, extensive work on animals had been done since 1936. The fact that the application of the orgone energy is in no way harmful has been established beyond any doubt. Before 1939, over 600 mice were experimentally treated with orgone in Europe, and about 250 between 1939 and 1941 in the U.S.A. All the scientific workers of the Laboratory and most of the co-workers of the Institute use the orgone accumulator themselves. The biological effects of the orgone energy are constantly checked by standard tests as well as by blood tests specifically designed for the purpose. Between 1941 and 1944, a total of about 500 tests have been made, including tests for an early diagnosis of the cancer biopathy. (About 400 of these tests were made free of charge).

Between December 1942 and October 1944, a total of 45 orgone accumulators were put in use for experimental purposes at the homes of co-workers, students and patients; the latter were mostly cancer patients whose prognosis had been declared to be hopeless. 13 of these accumulators were distributed free of charge to people unable to pay the rental fee. This fee, which goes to the Orgone Research Fund, is very small and serves only to defray some of the costs of the experimen-

tal work. During the period between September 1939 and June 1944, eight assistants have done about 18,000 hours of laboratory work. This does not include the work of the research director. At present, six people (of whom four are on the payroll) work in the research department of the Institute: the research director, two assistants for bion research, an assistant in the physical laboratory, an assistant in theoretical psychosomatic medicine, and the manager of the workshop. Consultations have been given free of charge.

During the past 2 years, an experimental orgone-biophysical laboratory was established in Tel Aviv, Palestine, under Walter Hoppe, M.D. This laboratory, which maintains close contact with the New York Institute, has already made a series of important findings in the experimental orgone therapy of organic diseases. Dr. Hoppe recently published an account of his experiences in a Palestine newspaper.

## II. TEACHING

Whereas the research work described under (I) is mainly pioneer work in this new field of natural science, the teaching activities of the Orgone Institute are centered on the well-established and confirmed body of knowledge known as *clinical and social sex-economy*. With regard to this, reference is again made to the publications of the Institute. In the fall of 1944, certain aspects of experimental orgone physics were also tentatively included in the educational program of the Institute.

Since the Institute, in its teaching activities, stresses quality rather than quantity, the total of graduate and post-graduate students since 1941 has been only 25. The main fields of study were *Education* (specifically, sex-economy and character formation in childhood and puberty); *Medicine* (medical application of character-analysis, vegetotherapy and orgone therapy); *Biology* (as an indispensable



background for all other fields of study); *Vegetotherapeutic gymnastics*; *Social sex-economy*; and *Social mental hygiene*. In the latter, special attention is paid to the central problem of the social chaos of today: *human irrationalism* as exemplified in the blind submission of masses of people to dictatorial authority.

Most of the students of the Orgone Institute are already established as professional workers in some field, in medical, educational or other social practice, while others are preparing for such professions.

The Institute accepts college students as well as post-graduates for education in orgone biophysics. However, in order to be admitted to the special courses in orgone biophysics, they have to meet the following qualifications:

1. They must have absolved, or be engaged in, a course in some special field of study at a recognized institution of higher education. A kindergarten teacher or social worker, for example, before being permitted to apply in his or her field the special knowledge acquired at our Institute, must not only have passed the examinations in his or her special field, but must have absolved courses, at recognized institutions, in biology, anatomy and physiology.

2. The student must have undergone a character-analysis of sufficient duration to bring about the necessary alteration in character structure. The future worker, in whatever practical or theoretical field he may choose, must be free from emotional disturbances at least to such an extent that irrational reactions do not endanger him or his work on human beings. He must be *sexually healthy* in the sex-economic sense of the word, free from pornographic tendencies and irrational ascetic demands.

3. The clinical and theoretical ground-work is done under supervision for at least 2 years, longer if necessary. This supervisory work is done by highly trained

and experienced specialists in our field, in the form of seminars and discussions of practical case work and the fundamental methods on which the work is based.

4. Special, intensive, seminar work is concerned with the typical lack of *co-ordination* of knowledge on the part of the students. The kindergarten teacher, for example, must become able to connect his or her observations and practical work with natural-scientific as well as sociological facts. The medical vegetotherapist must not only be skillful in handling biopathic diseases, but he must also be able to see the general social as well as the biophysical background of the individual disease picture with which he is dealing. The emphasis in all studies is on *prevention rather than cure of disease*.

The course of study in sex-economy and orgone biophysics thus requires in each case a period of from 3 to 5 years. The Institute does not confer any special degrees, but it keeps, as well as possible, a check on the practical activities of the student who has specialized in some branch of social endeavor.

During the past 3 years, the teaching at the Institute was done by only two professors and two instructors. Recently, however, a special seminar was established to educate teachers in our field from among the present students. (The main body of well-trained teachers of the International Institute are living and working in Europe).

### III. ORGANIZATION

1. In 1942, the Institute established, and registered with the authorities, the ORGONE RESEARCH FUND which handles the financial matters. The income of the Orgone Research Fund consists mainly of tuition fees, of gifts, and of contributions for the use of orgone accumulators and for tests. It is to be expected that the use of orgone accumulators will become more wide-



spread and thus will contribute more to the financial support of the Institute than it does now. In the interest of the financial future of the Institute, Wilhelm Reich has renounced any financial rights deriving from the orgone accumulators. In order to exclude private profit-making, a patent application for the orgone accumulator has been filed. Wilhelm Reich's renunciation of financial interest goes with only one proviso: *that the public, through its various agencies, takes its share of economic responsibility for the further development of orgone research.*

The expenses of the Institute at present far exceed its income. For example, during the period of September 1943 to September 1944, the total income from seminar tuitions, contributions and gifts was

\$10,480.50

The expenses were 26,224.66

leaving a deficit of \$15,744.16

This deficit was made up from the income earned by work of Wilhelm Reich which

was paid not to him but to the Orgone Research Fund.

2. *Publications.* In 1941, the Orgone Institute organized its own publishing house, the ORGONE INSTITUTE PRESS, which publishes books and the official organ of the international organization, the *International Journal of Sex-economy and Orgone-Research*. The Orgone Institute Press is financed partly by private contributions, partly by the sale of books and Journals, and partly by the Orgone Research Fund.

3. The research and teaching director of the Institute, Wilhelm Reich, is also director of the International Institute for Sex-economy and Orgone-Research, with branches in several European countries. The connection with some of these branches has been interrupted by the war, while other international connections have been maintained. A report on the European co-workers of the Institute will be published as soon as the necessary contacts can be established.



---

## NOTES

---

### "COLD FACTS"

TIME, December 18, 1944, reports the following:

N.G.

Does it do any good to be inoculated against the common cold? This question has stumped the experts ever since the capsules, shots and sprays were introduced. Last week the American Medical Association's Councils on Pharmacy and Industrial Health gave their considered answer: there is still no proof that the vaccines do any good. Experiments on large groups of people show that the cold rates of those with and without vaccines tend to even up in the course of time. The A.M.A.'s official advice: no doctor should give cold vaccine except as an experiment; industrial groups should not be inoculated *en masse*.

TIME, January 22, 1945:

#### COLD FACTS

After a national runny-nose count, the indefatigable Dr. Gallup announced last week that 1) children under ten have nearly twice as many colds as people in their 20s, 2) more farmers (by a handkerchief's breadth) have colds than villagers and cosmopolites, 3) 21,000,000 citizens had colds between Dec. 15 and 22.

If one considers the common cold primarily an infection, then the attempt to cure or prevent it by means of capsules, shots and sprays seems entirely logical. If, as we do, one considers the cold es-

entially a sign of lowered biological resistance, of a decreased "orgonotic potency" of the organism, it appears equally logical that such therapeutic and preventive methods must fail. On the other hand, experience over a number of years with the orgone accumulator shows conclusively that the basic factor is a lowered orgonotic potency of the organism. It is the general experience of those who have an orgone accumulator that if they use it when they feel a cold coming on the cold either does not develop at all or lasts only a day or two, without developing serious proportions. This is even more true with regard to the general feeling of malaise than with regard to local symptoms. It is staggering to contemplate the amount of money wasted, in terms of working incapacity and useless medication, by 21,000,000 people with colds in one single week. For that money, an enormous number of orgone accumulators—which could prevent or cut short the colds—could be built. But before that time comes, the realization of the fruitlessness of present methods must become more widespread and with that the realization that there are no "miracle drugs" in medicine. Until medicine takes seriously the study of biological functioning and its disturbances, it will continue to discover and then to "debunk" one "miracle drug" after the other.

### SEXUALITY BEFORE THE LAW

Irrationalism in our social life and our social and legal institutions is so ubiquitous that the most outrageous actions are taken more or less for granted. It may be well, therefore, to point out some of these as they are reported in the press.

#### 1. "Custody of children."

The following is an excerpt from a story by Tom O'Connor, in *PM*, December 6, 1944. We do not give the names of the contestants since we are not interested in personalities but in the mechanisms of the



emotional plague seen at operation in the case:

Mrs. X., 37, is fighting for the custody of three children, all girls, aged 12, 11 and 8 . . . Her husband, 53, head of Heyden Chemical Co., American Aniline Products, Inc., and connected with numerous other prosperous concerns in chemical and allied fields, has accused her of having committed adultery on 21 separate occasions with three different men . . .

The case, since it involves both wealthy people and allegations of sexual irregularities, has been sensationalized by the tabloids in customary style . . . No such play, of course, was given to the testimony of almost a score of physicians, rabbis, clubwomen and civic leaders from New Jersey communities who swore that they knew Mrs. X. well and that her reputation for "chastity, morality, decorum and veracity" was unblemished . . .

The majority decision of the 15-man Court of Errors and Appeals, awarding the children to the father, cited these as the determining factors in deciding the fitness of the mother to rear her children:

Testimony of a former governess and the chauffeur's wife tended to show that the children had "knowledge of sex relations . . . far beyond the knowledge of information which is normally possessed by children of their ages."

"The mother read to the children a book concerning sex, having to do with the birth of children."

"The mother had a fondness for pictures of nude people of which she had a collection."

"She also had several books on sex, one of which advocated sex freedom . . ."

Six members of the 15-man court joined in an historic dissenting opinion . . . The majority's conclusion that the mother was unfit was examined point by point. Said the minority:

"The incident or incidents testified to

by the governess . . . with relation to the children playing about the mother's bed and romping with her while she was in a nightgown, was more susceptible of an innocent interpretation than the interpretation placed upon it by the governess. In measuring the weight of this testimony, it is to be borne in mind that though the witness was discharged by Mrs. X. in May, 1940, she did not see fit to impart knowledge of it to Mr. X. for over three years."

"The same witness also testified that Mrs. X. gave her a book on sex to read to her children . . . The book, written by Karl de Schweinitz, a biologist and psychologist, is entitled *GROWING UP*. In simple language, it tells the story of how the ovum is fertilized by the sperm; how the egg or fetus grows in the body of the mother and how, in due course, the offspring is born. There is not one sentence in this book that is salacious or obscene. It attempts to explode the one-time fashionable myths that babies are brought by storks, are found under gooseberry bushes and like nonsense. It is a startling proposition to find a court of law disapproving of a mother's efforts to educate properly her children in the matter of sex. The book has been approved by psychologists, pediatricians and child educators throughout the country."

"As further bearing on the unfitness of the mother and as evidential of her 'misconduct,' the court calls attention to 'her fondness for nude pictures of which she had a collection.' It must be borne in mind that there is no evidence that these pictures were shown to any of the children . . . The record brings up reproductions of these 35 works of art, every one of which has won a place in a well-known art gallery. Eighteen of the paintings or pieces of sculpture were, at one time, in the Louvre in Paris. They include masterpieces by Rembrandt, Giorgione, Michelangelo, Praxiteles and Titian, to



mention but a few . . . There is nothing sinful in nakedness *per se*, and that Mrs. X. permitted her children to see her in that state is no basis upon which to judge her unfit to have the custody of these children."

"The statement in the majority opinion that 'she had several books on sex, one of which advocated sex freedom . . . ' refers to *MARRIAGE AND MORALS*, by Bertrand Russell. Whether one agrees or disagrees with the author's viewpoint is immaterial. The significant fact is that the court sets itself up as a censor of an individual's preference in matters of reading."

"The record will be searched in vain," Justice Colie continued, "for evidence that Mrs. X.'s habits, practices, instruction or example had an influence on her children tending to corrupt their morals and undermine their principles. In fact, the testimony of the children's spiritual advisers and teachers stands undisputed that they were normal, wholesome children . . ."

"When a court undertakes to proscribe the possession and enjoyment of reproductions of painting and statuary and when it undertakes to proscribe certain types of reading and makes such possession and enjoyment evidential on the question of unfitness and misconduct, it is trespassing upon forbidden fields and is guilty of anachronistic thinking. For a court to set itself up as a censor of an individual's personal predilection in matters of art and reading is an unwarranted blow at personal freedom."

So much for the newspaper report. It is obvious that this "fight for the custody of the children" was not waged on rational grounds. The interest of the children, their wishes as to whether they wanted to stay with their father or their mother, are not even mentioned. Instead, the fight is waged with one of the

favorite weapons of the emotional plague, that of *sexual defamation*. The ubiquitous nature of the emotional plague is again demonstrated in the fact that the majority of the court, in its decision of awarding the children to the father, accepted the defamatory statements as "evidence," and in the further fact that the decent reasoning of six members in a 15-man court constitutes a "*historic dissenting opinion*." One must realize the full import of this: It is true that the thinking of the emotional plague permeates our social life and its institutions to such an extent that decent and honest thinking and acting appear as striking, as a "historic" event.

## 2. "Statutory rape."

This is one of the vilest concepts in our law books. If a girl under 18 years of age has sexual intercourse with a man, the man is guilty of "statutory rape," even if the girl engages in the sexual act with her full consent, even if she loves the man. Only one other concept is equally vile, its exact counterpart: "marital duty." Every day of the week thousands of men rape their wives, that is, they engage in sexual intercourse whether the woman wants to or not, whether she is loved or not, whether she is sexually aroused or not. This actual rape, however, is not called rape before the law; more than that, it has the protection of the law under the term of "marital duty"; if the wife refuses to engage in this sexual act which is actually rape, the man has the law on his side.

TIME, October 26, 1942, reports the following:

Like many another star-struck adolescent, blonde Betty H. knew what she wanted when she left Lincoln, Neb., recently for Hollywood. She "wanted to get into the movies." . . . In Hollywood, Betty kept a sharp eye out for film contracts. Three turned up in the persons of



a trio of youthful Warner Bros. employees. Betty frankly admitted that she had been intimate with all three. . . . One of her young men invited Betty to a swimming-dancing party . . .

Result: last week Flynn and Betty's three young men were charged with statutory rape by Los Angeles District Attorney John F. Dockweiler . . . Said Betty, when asked whether the alleged rape had happened with her consent: "With my consent? Why, of course with my consent." Said District Attorney Dockweiler: "It doesn't matter whether she consented to these acts or not. She's under age. That's statutory rape under California law."

In a story, *The State Parole Board Meets at Sing Sing*, again by Tom O'Connor, in *PM*, November 19, 1944, we find the following (italics are ours):

The saddest case of all was that of a 40-year-old Italian fruit peddler from Brooklyn, who had been sentenced to one-and-a-half to five years in Sing Sing for rape. His "rape" consisted of going to a furnished room with a girl *who accosted him* on the street, and who turned out later to have been *a few days* under 18.

She was a runaway from an industrial school in Massachusetts—committed there *for sexual promiscuity*. The fruit peddler had apparently been faithful for nine years to a *feeble-minded wife who would sit for days moaning prayers* while dead flies accumulated on the floor and lice accumulated on their three rickety children. And

they lived with the peddler's *insane mother* who screamed all day, and two warped sisters who hadn't married and were viciously jealous of their brother's wife.

*The peddler worked 16 hours a day, brought his money home, never got in trouble except* for things like not renewing his peddling license or not having a tail-light on his cart. After nine years of hell, he had a night out; and a "hanging judge" in Brooklyn found him guilty of statutory rape and sent him to Sing Sing. The law says there's no such thing as "consent" when the girl is under 18.

The Board lost no time making up its mind about the peddler; out he'll go, as soon as a job and a new environment can be arranged for him. And you got the feeling, from a couple of unquotable things a couple of Board members said, that if they had the judge who sentenced the peddler up before them, he'd rot in prison before they'd let him go back to dispensing "justice" from the bench.

That's Tom O'Connor's story. It speaks for itself. There seems to be an increasing awareness that such "dispensing of justice" is a social crime of the first order. What social crime, one should ask, had made the girl "sexually promiscuous" in the first place? And what social crime forced the peddler to live under circumstances which were such that one wonders why he did not commit murder or go insane?



---

"FREE LOVE"

The sex-economic standpoint in questions of love life is often confused with the advocacy of "Free Love." We ask all co-workers of the Institute to see to it that a strict distinction is made between the concepts of "*sex-economic*" and "*free*" love life. The concept of "Free Love" has been misinterpreted and misused by the pornographic human structure no less than by the compulsive moralistic one. With such misinterpretations and misuses, sex-economy has nothing to do. We fight for sexual *health*, for the gratification of the natural sexual demands of children and adolescents. Every love relationship carries with it a tie and a responsibility, and is, therefore, not "free" in the libertinistic sense. Sex-economy should not be burdened with discredited concepts. What sex-economy stands for is the right of the healthy individual to his own responsibility for his happiness in love, and not for the right to sexual activities which spring from a neurotic or perverse character structure.



---

## REVIEW

---

MYRDAL, GUNNAR: *An American Dilemma—The Negro Problem and Modern Democracy*. London and New York: Harper and Brothers, 1944. 2 volumes. 1483 pages.

AN AMERICAN DILEMMA warrants special attention from all who are concerned with the gross and subtle mechanisms of fascism. The appeal to "racial purity," and the personal and social suppression accompanying it, is in the minds of everyone through Nazi utterance and demonstration. Yet this "doctrine" is more deeply integrated into the accepted attitudes of the masses of the people in the United States than anywhere in the world in the relations between the majority of white Americans and the 13 million Negroes in the population. Because of this acceptance and integration, the forms in which the fascist mentality shows itself are varied, often diffuse. They are guiltily covered up in some sections of the country and in some social strata. But the problem of fascism is there in a pure form, and because it goes unrecognized as such (I do not believe the word fascism occurs in the Myrdal volumes), because of its tolerance by practically the whole society of the United States, even those parts which give legal equal rights to Negroes, the situation of the American Negro deserves careful analysis. As the author points out, the Negro problem is a white man's problem.

*The Study Itself.* The study, the final report of which is contained in these volumes, was begun in 1938, initiated and financed by the Carnegie Corporation of America. Gunnar Myrdal was invited to come from Sweden to direct the study because it was felt that someone "in a non-imperialistic country with no background of domination of one race over

the other . . . would approach the problem with an entirely fresh mind." (Initial letter from the director of the Carnegie Corporation to Dr. Myrdal). In the conduct of the study Myrdal had the assistance of a large research staff, Negro and white; he was enabled to travel extensively throughout the United States, making firsthand observations; the resources of libraries and the files of organizations having information on the subject were put at his disposal. The understanding was that the director of the study was to be free to write the final report without review by the sponsoring corporation, and that he would take full responsibility for it. In the course of the work six other volumes appeared by other members of the staff on special aspects of the race situation in America. These two final volumes are Myrdal's own statement.

A mass of material is assembled and is presented clearly and readably. We are given a view of the actual situation with awareness of the central symptom and its accompanying disabilities to the society. Myrdal could not be expected to fully see the implications of his own analysis, for he clearly has no concept of fascism as being rooted in human character structure. But it is important to recognize how astutely he has observed, and how uncompromisingly he has presented what he observed.

*The sexual character of the core of the problem.* The ordinary white man's notion of what constitutes the heart of the Negro problem (writes Myrdal in Chapter Three of the first volume) is the anti-amalgamation doctrine . . . Miscegenation is said to be a threat to "racial purity." It is alleged to be contrary to "human instincts." It is "contrary to nature" and "detestable" . . .



Considering the biological emphasis of the anti-amalgamation doctrine and the strong social sanctions against intermarriage tied to that doctrine, the astonishing fact is the great indifference of most white Americans toward real but illicit miscegenation. In spite of the doctrine, in some regions with a large Negro population, cohabitation with a Negro woman is, apparently, considered a less serious breach of sexual morals than illicit intercourse with a white woman. The illicit relations freely allowed or only frowned upon are, however, restricted to those between white men and Negro women. A white woman's relation with a Negro man is met by the full fury of anti-amalgamation sanctions.

The white man's theory of color-caste, as Myrdal presents it, proceeds according to the following logic:

The concern for "race purity" is basic to the whole issue; the primary and essential command is to prevent amalgamation; the whites are determined to use every means to this end.

Rejection of "social equality" is to be understood as a precaution to hinder miscegenation and particularly intermarriage.<sup>1</sup>

The danger of miscegenation is so tremendous that the segregation and discrimination inherent in the refusal of "social equality" must be extended to nearly all spheres of life. There must be segregation in recreation, in religious service, in education, before the law, in politics, in housing, in stores, in bread-winning.

The fear underlying this theory has, of course, another aspect which emphasizes the deep-lying sexual character of these fears.

The response is likely to be anything but pleasant if one jestingly argues that

<sup>1</sup> Because this would sanction the relations of white women with Negro men.

Negro blood in the American people . . . might produce a race of unsurpassed excellence: a people . . . with perhaps a little more emotional warmth . . . and carefreeness in their lives. Amalgamation is, to the ordinary American, not a proper subject for jokes at all, unless it can be pulled down to the level of dirty stories, where, however, it enjoys a favored place.

Here then we have the picture: a deep fear of and longing for the natural sexuality attributed to Negroes in popular designations such as "warm" or "amoral." The result of this combination of fear and longing is perversity. The white woman is representative wife, mother and hostess or housekeeper, a nonsexual object who must be protected as such with "fury" and violence if need be. The Negro man becomes the symbol of freely expressed sexuality which can only be understood in terms of brutality. The Negro woman is an object for sexual exploitation. The whole subject is a matter for pornographic stories.

There are, of course, regional modifications in the degree to which the basic attitude is permitted to express itself. All but one of the Northern states permit intermarriage of Negroes and whites. Equality before the law, no segregation in schools or public places is usual in the North. But the fact remains that there are very few Negro-white marriages, and these are punished by social isolation, and that it is precisely white hotels in the North which refuse to accommodate Negroes over night, showing that people in the Northern states do not really face the problem or meet it and that the same sanctions operate, if more subtly. Most Northern Negroes are urban, and their natural congregation in sections of their own has made possible a skillful segregation and isolation in the usual adult social relationships. "There is plenty of discrimination in the North," writes Myrdal, "but



it is—or rather its rationalization is kept hidden.”

There is another aspect to this picture which Myrdal is quick to see and introduces also in the same chapter. This is the acceptance by the masses of disadvantaged whites and by the Negroes themselves of the doctrine of race expressing itself in the caste barrier between the races. But the acceptance is somewhat different in these two groups. As one might expect, the mass of white people who are economically deprived and socially suppressed express with intensified vigor the hostile attitudes allowed by the culture.

It has often occurred to me, when reflecting upon the responses I get from white laboring people, that my friends among the Negro intellectuals . . . have not had enough occasion to find out for themselves what a bitter, spiteful, and relentless feeling often prevails against Negroes among the lower class white people in America. Again relying on my own observations, I have become convinced that laboring Negroes do not resent whites in any degree comparable with the resentment shown in the opposite direction by laboring whites.

Whether a white observer could really detect the rational resentment present in many Negroes is a matter for speculation. On the other hand it is true that in the past Negroes have had to repress rational resentment and have developed a mass masochistic attitude so well revealed in Negro religious life and familiar to every American in the texts of Negro spirituals. So among many Negro leaders there is an inner acceptance of the need for accommodation. Myrdal quotes the former president of a Negro college as follows:

As for amalgamation, very few expect it; still fewer want it; no one advocates it; and only a constantly diminishing

minority practise it, and that surreptitiously. It is generally accepted on both sides of the color line that it is best for the two races to remain ethnologically separate. (Robert K. Moton: *WHAT THE NEGRO THINKS*.)

In presenting the attitudes of white disadvantaged Americans, their fear and hostility, and the Negroes' struggle taking place only around the fringes of the problem as they fight for the elimination of job discrimination, for political and legal equality, Myrdal correctly observes, "The lower class groups will, to a great extent, take care of keeping each other down."

It is unfortunate that Myrdal concludes this excellent chapter with an attack and interpretation both of which show the superficiality of contemporary academic sociology. The attack is against "Marxian theory." The Marxian theory is understood in terms of vulgar Marxism, and much of what Myrdal says against it is correct. For example, he does not make the mistake of many political Marxists of seeing the "race theory" as a rationalization invented for the sole purpose of economically exploiting Negroes. He recognizes that the race theory, as the core of the problem, is more deeplying than the accompanying exploitation, even though he cannot go further in interpreting what his intelligence and intuition perceive. Nevertheless one has the feeling that Myrdal has never read Marx with any understanding. He does not see the strength and correctness in Marx, just as he cannot see what other knowledge must supplement Marx for the full understanding of human behavior. The interpretation which concludes the chapter is in the style of the pseudo-mathematical-scientific analyses which characterize contemporary American sociological theory. Myrdal perhaps perceives the emptiness of this, for his final



appeal is a moral one. The weak and confused interpretation reminds one of the weak title of this study. I am inclined to feel that Myrdal views such a profoundly serious situation as a "dilemma" because his study puts him in a dilemma, like that of all liberal scholarship throughout the world: to see clearly, but not to be able to face and therefore not to be able to interpret what is seen.

*The nature of fascism.* In order to think clearly about and put to use the array of material in the Myrdal volumes it is important to review Reich's presentation of fascism. It is Reich who has pointed out that the fascist is a person with a particular type of character structure, and that specific social conditions, especially a society built around the patriarchal family, create this type of structure. It is a structure characterized by the conflict between the longing for freedom and the fear of freedom. That is, there is in the fascist an *unconscious* longing for sexual happiness and sexual purity, a fear of normal sexuality, an abhorrence of perverse sexuality. These simultaneously operating unconscious longings, fears and abhorrences attract the individual to the object which represents naturalness and freedom, make him fear it so that he must always suppress, exploit and control the object, make him project on to the object a perversity which it does not possess. In the accepted mores of white-Negro sexual relationships we see a stabilization of this neurotic conflict. But the stability is precarious. A minor threat may be enough to unleash the full force of the sadism in a man-hunt or a lynching which takes on the character of a mass festival.

Helplessness and incapacity for taking responsibility for the chaotic social problems within the old political system and frame of thinking characterizes the fascist mentality wherever it is found in whatever nation or whatever stratum of society.

A craving for freedom which should be guaranteed by someone else—a master, employer, leader, husband or father—makes these people rally in response to fascist promises.

Since these characteristics are so clearly present in large masses of American people both white and Negro, let us look at the conditions in which the present mentality developed. Every schoolboy knows that the Southern states in America were a plantation slave economy until 1860. The patriarchal system flourished in a pure form in the best part of the South, strengthening its hold in protest against an even worse attitude which viewed Negroes purely as a commodity. "For sale: a likely young breeding Negro" ran the advertisement for the sale of a woman in Benjamin Franklin's newspaper. Slave markets and auction blocks provide the horror stories of Southern history. The stablest elements in Southern society saw paternalism, even to the point of entailing slaves so that they and their descendants could never be sold out of the family, as a protection against a crasser exploitation. It was precisely because the best and most responsible elements of Southern society defended and supported the patriarchal system that patriarchal attitudes have persisted, despite changed conditions, in dominant strata of Southern society and have been taken over by the dependent classes of whites and by migrating Northern industrialists.

An aspect of the patriarchal family structure is the sexual suppression of women and children. We find these attitudes in pre-civil-war Southern writers linked spontaneously and naturally with the defense of slavery. The whole configuration is presented in a quotation by Myrdal from a pro-slavery publication (1853) where space is given not merely to the slavery issue but to an attack on "women's rights."



In this country we believe that the general good requires us to deprive the whole female sex of the right of self-government . . . We treat all minors in much the same way . . .

There is no form of human excellence before which we bow with profounder deference than that which appears in a delicate woman . . . and there is no deformity of human character from which we turn with greater loathing than from a woman forgetful of her nature . . . The "Rights of *Women*" may all be conceded to the sex, yet the rights of *men* withheld from them.

Myrdal goes on to state in an appendix devoted to the parallel between attitudes toward Negroes and attitudes toward women:

This close relation is no accident. The ideological forces behind the two movements—the emancipation of women and children and the emancipation of Negroes—have much in common . . . Paternalism was a pre-industrial scheme of life . . . Negroes and women, both of whom had been under the yoke of the paternalistic system, were both strongly and fatefully influenced by the Industrial Revolution . . . The women's problem is the center of the whole complex of problems of how to reorganize the institution of the family . . . a problem which is not solved in any part of the Western world, unless it be in the Soviet Union or Palestine.

Here again, though still thinking in terms of descriptive sociology, and failing to carry his interpretation into the sphere of sexual functioning, Myrdal nevertheless cannot fail to see the whole pattern, nor fail to recognize the helplessness of ideologies in the face of human structure.

Although the patriarchal character of Southern society is familiar to all Americans, what is less well recognized is that

the dominant persons in American life today, as the national influence of the Southerner has declined, are equally paternalistic figures. Myrdal says: "This country is a 'white man's country,' but in addition it is a country belonging primarily to the elderly, male, upper class, Protestant Northerner."

The significance of this statement bears elaboration. Organized religion has always drawn its support from the mystical longings present in all people who are not free to find the natural expression of these longings in a healthy sex life. In America, however, wherever the Puritan tradition survives, as in the Northern upper class, Protestantism has flourished in its most dour and repressive form. In the barrenness of Protestant ritual there was little outlet for feeling. On the other hand, American Protestantism took its authority primarily from the Old Testament with its images of a patriarchal society. A further aspect of the picture is the importance of the clergy in American society and the doctrine of a theocratic state which they preached. So deep is this in American life today that most major political speeches conclude with an appeal to God as ultimate governor and guide of the state. A patriarchal society, a church providing little opportunity for expression of mystical longings, a God-governed state make the transition from religious to political mysticism easy and inevitable.

The thought of America as a country of political mysticism will be resisted by those who have a need to believe in the United States as a bulwark of democracy. Yet Myrdal perceived it clearly enough and presents it briefly in the current stage of its expression in the first chapter of Volume Two, "The American Pattern of Individual Leadership and Mass Passivity." Even the general American public has an uneasy recognition of this symptom. For example, a current popular movie



ridicules the hysterical nomination of a war hero to office. But thus far external factors—the frontier to which young people could go, finding actual self-determination and early marriage; the influx of varieties of other European peoples; and the rapid economic development of the country—have confused the picture and staved off the inevitable logical outcome of the family, religious and political structure of American Protestantism.

As serious as the structure of the dominating group is the accommodation which Negro Americans show to the structure which threatens them. In an attempt to alleviate external pressures, Negro Americans, as has already been pointed out, shy away from the central problem. All the more because they face real dangers, they seek and depend upon leaders, "ambassadors" who can act for them across the color barrier. These Negro leaders need to be more acceptable than whites themselves in their behavior according to dominant white standards. The "education" of the Negro has been a process of enforced accommodation, and one can say with some assurance that the higher a Negro is in the Negro social scale, the more rigid and restricted his behavior must become, the more his real self-determination dwindles before accepted societal repressions.

*The road to fascism.* Helplessness and incapacity for taking responsibility for the solution of chaotic social problems, we pointed out, was one of Reich's attributes of the fascist character structure. Myrdal gives ample illustration of how this operates, in his sections on "Explaining the Problem Away," "Explorations in Escape," "The Convenience of Ignorance," "The Etiquette of Discussion" which present white attitudes toward the race question. He is able to say:

The simple fact is that an educational offensive against racial intolerance, going

deeper than the re-iteration of "glittering generalities" in the nation's political creed, has never been seriously attempted in America.

He cannot see, however, why this could not be attempted and never will be attempted until human beings with a different structure dominate American life. One of the most important aspects of Reich's analysis of fascism is his pointing out that fascism derives its dynamic force from the tremendous longing for freedom in people who are structurally incapable of taking the responsibility for their own freedom. Therefore any "serious" educational campaign would of necessity be toward the change of the conditions which create the fascist human structure, and for the providing of natural, rather than perverse outlets for the energy on which fascism rests. Any other type of "education" on the race question can achieve little for it is treatment directed only to a single symptom of an identical neurotic and social structure.

Not that there are no voices of protest. There are "liberal" organizations with white or Negro or mixed membership which carry on different types of protest or "education" either as their sole function or as aspects of their total function. Some concern themselves with greater educational opportunity for Negroes, some with improved health facilities, some with housing, some with political rights or with economic opportunity. Only a few tackle the taboo area of informal social relationships, and these are primarily a few church groups or religiously oriented agencies like the Y.M.C.A. or Y.W.C.A. where social relationships are entertained with almost the *guarantee* that the behavior will conform to upper class white standards with all the negation of freedom therein implied. Disillusionment in the gains won by liberal organizations plus the tremendous urge to freedom, will, in



time of economic crisis, as Reich points out, lead to fascism.

Although mention has already been made of the effect of the Protestant tradition on the dominating group in American life, something further should be said about the specific role of the churches. Apart from the increasing movement of a minority of Negro people to the Catholic Church and to Christian Science, where there is no segregation in religious participation and therefore there is the hope for still wider social acceptance, most Negroes, like most working-class Americans of Northern European stock, belong to the evangelical Protestant sects. These sects are distinguished by the spontaneous emotionalism of their meetings, the fervent singing, the passionate appeal of a dogmatic theology from the pulpit and the "revival" of "religious emotion" which they engender. A few Catholics, clergy and laity, and a few upper class Protestants, both lay and clerical, have been actively attempting to improve race relations within the framework of their various authoritarian patterns, and have been often very courageous in specific projects which they have undertaken. But these are isolated instances, and of deluding "significance" compared to the mass influence of the evangelistic groups. Since in the North the working class is primarily composed of Southern and Eastern Europeans who are not Protestant, the Northerner associates emotional religion only with the Negro. Myrdal says:

Whites, in searching for rationalizations to justify the subordination of the Negro, have seized upon the fact of religious emotionalism and ascribed it to "animal nature" and even to "excessive sexuality" . . . Especially Northerners have done this.

This type of religion supports the mass masochism of the Negro as we have already pointed out. In the white population, where, in many sections of the coun-

try, the same type of religious expression is common, "revivals" have been known to directly precede acts of mob violence against Negroes, or sometimes against whites, such as lynchings, or fires. The violence and hatred characteristic of this mentality can be expressed by whites. It could not be expressed by the Negroes in similar circumstances for the reprisals would be too terrible. Reactionary concepts and revolutionary emotion, as Reich points out, lead to fascism.

*The effects of fascism.* By far the largest part of Myrdal's material is an elaboration of the open and subtle segregation and suppression of the Negro as it actually operates in daily life, and of the accommodation of Negro life and institutions to these pressures. In the presentation of these facts lies the greatest value in the book. Remarkably condensed, well-arranged, with a wealth of illustrative detail, the material offers an informed basis for discussion of specific or larger aspects of the situation. It emphasizes the unalleviated, daily pressures and discrimination in work, housing, education, leisure, organization of family life, rather than centering the argument around the moments of critical tension in which fundamental fears promote violent outbursts.

Only a few indicative bits of information can be mentioned. To this reviewer one of the most interesting chapters is that on "Patterns of Segregation" revealing the elaborate etiquette surrounding Negro-white relationships in the South. (Practically none of this etiquette exists in the North.) For example, a white man may offer to shake hands with a Negro, but a Negro may never offer to shake hands with a white man. A white woman practically never shakes hands with a Negro. A Negro may in some instances sit down in the same room with a white person, but usually only at the request of the white person. A white man in entering the house of a Negro will



enter without knocking, and will not remove his hat. There is, however, little occasion for a white man to enter the house of a Negro. If a white man wishes to see a Negro he will send for him. Southern whites and the Southern press will never refer to a Negro as Mr. or Mrs., but only as Jane So-and-So or William So-and-So. Myrdal quotes a Negro college president to whom a white clergyman who "was a known friend of the race" remarked: "It would seem like saying Mr. Mule." Deprived of police and court protection, a Negro in the South dares not take the risk of violating the etiquette. It remains enforced by public opinion with always the threat of violence behind it.

The poverty of Negroes is another impressive picture. The majority of the Negro population, says Myrdal, with supporting data, suffers from malnutrition. In the South, due to the practice of total segregation in working and living, whole industries have been closed to Negroes. They become known as "white shops" and usually Negroes do not even attempt to seek employment there. Labor unions have been slow in breaking down job discrimination, because in the past ignorant Negroes have often been employed as strike breakers, and the threat of replacement by Negro workers is continually used by white employers to intimidate workers in plants and industries which the unions are trying to reach. In the large mass production industries these attitudes on the part of employers and workers are slowly breaking down. Interesting, too, is the role of the Federal Government as employer in civil service and in public works where by law, which on the whole is enforced, there can be no discrimination.

A great deal of space is given to the political and legal structure as it operates regionally and nationally to discriminate against, or in some instances to protect, Negroes. A further large section of the

material deals with Negro institutional and group life showing the patterns of accommodation and the trends and conflicts arising in the attempts to adjust. Unfortunately, relatively little space is allotted to a presentation of Negro family life. Myrdal excuses himself from fuller treatment with a reference to Franklin Frazier's classic discussion in *THE NEGRO FAMILY IN AMERICA*. The most important aspect of Negro family life is not designated—namely, that the Negro in the United States is traditionally matriarchal. The slave system, and the active internal slave trade, presented a constant threat to any enduring partnership and thereby supported the matriarchal family among most plantation Negroes. (There are a few exceptions where the religious zeal of the slave owner forced slaves to conform to the white pattern, and Myrdal refers to these as the "Black Puritans.") Since slaves had no legal rights, common-law unions were customary, and children from any union were welcome not only to their parents, but to the planters as potential economic assets. In the slave community children were usually cared for by the eldest female relative, freeing the younger women for field or domestic labor. Many attitudes from this type of family structure persist today among working-class Negroes, especially in densely populated areas, particularly in the rural South. As Myrdal brings out, in all but the urban middle and upper class families, the illegitimate child is accepted in the family circle. There is little or no stigma on his mother. Common-law marriages have status. Forced marriages are more censured than desertion after a forced marriage. "Fast" women and philandering men are condemned. Myrdal makes the important point only too casually:

The Negro lower classes, especially in the rural South, have built up a type of family organization conducive to social



health, even though the practises are outside the American tradition. When these practises are brought into closer contact with white norms, as occurs when Negroes go to cities, they tend to break down partially, and cause disorganization on the part of some individuals.

On the other hand, urban middle and upper class Negroes present a conservative, almost Puritan, family structure:

This has been a more or less spontaneous trend, developing not so much with a positive model from white society, but more with the negative stimulus of white derisiveness. Whites do not realize that one of the most stable types of urban families is that of the Negro upper class, so that in one sense their effort to build a reputation is wasted.

Despite these two statements, Myrdal equivocates in drawing the implication. He feels that these upper class families provide a model for the lower classes, that they take away some ammunition from white attackers, and that therefore they will have an important effect. One can only point out that the effect will not be in the direction of "social health" which Myrdal ascribed to the mores of working-class Negro families.

*The outlook.* If this review is interpreted as saying that America is fascist this is correct only insofar as one recognizes that fascism is everywhere. As Reich states, the longing for love and the fear of love are international facts. In this, America is no different from any other country. The fortunate circumstances of economic expansion, of less formal authority in family, political and religious life, in education, and also the regional antagonisms within the country, have enabled America to evade the problem, and have thus far kept any organized political fascist groups from attaining national control. But none can

deny that American society reveals as clearly as any the neurotic character of its vital functioning. The intensely competitive character of American life, the emphasis on display, the concern for community approval in the smallest details of life, the standardization of these details, the excessive drinking and the prohibition movements, the puritanism and the promiscuity are all aspects of this.

There are voices of true protest. Myrdal cites some. These are still individual voices. There are also changing social conditions which, if not checkmated by prolonged economic depression, will in themselves permit a healthier type of human being to develop. There are efforts on the part of progressive trade unions to help Negroes and whites together to establish a rational relationship to work. Low-cost housing developments, where they exist, make possible the privacy necessary to health. The increased social and economic freedom of women in America is now two generations old. The needs of the war have made possible some new social and work relationships. Though all efforts of this sort are a beginning, and need to be positively supported, they remain at the level of modifying the environment in which human structure must operate, leaving the central problem untouched. As Myrdal points out, "the youthful moral optimism of America" will lead to cynicism if it is not translated into deeds. As Reich points out, sermonizing about freedom, without the constant resolute struggle to set the responsibility involved in freedom into operation in the occurrences of everyday life, together with the social prerequisites of such freedom, leads to fascism. There is little in the situation presented in Myrdal's study to lead us to hope that knowledge and rational action will avert this danger in the United States. If overt and organized political fascism develops in America it will be because the long-



ings of the people for happiness have been unable to wait for the few voices and the cautious reform groups, and will break through to what they hope is their release in the perverse mass psychology we have been witnessing in Europe.

In conclusion, inasmuch as the term fascism is not used by Myrdal in his writing on the Negro problem, it is perhaps well to remind ourselves of his warning at the close of the Introduction to Volume One:

Anyone who uncritically utilizes the viewpoints and findings of this inquiry on the American Negro problem for wider conclusions concerning the United States and its civilization than are warranted by its direction of interest is misusing them.

It is important to accept the responsibility for the use of the material in the way in which it has been presented here, in the face of any irrational charge of misuse. For if the problem which Myrdal's excellent volumes portray is to be solved it is necessary to go beyond Myr-

dal's analysis, to show what needs to be added in understanding and dealing with this white man's problem, and what we may expect if a rational solution is not found. The goal we must work toward to achieve a healthy society is the responsible, self-determining expression of sexual love in childhood, youth and adult life with the approval of society and the adjustment of social conditions to make this possible. Only thus can fear and oppression be overcome. Work on the external aspects of the problem alone, or within the ideology and human structure called to mind by the description "white, elderly, upper class, Protestant males" can only defeat itself in the end. The vitality of the people is stronger than suppressive traditionalism. It is stronger than can be met by superficial measures. Its demands are more real. It will keep breaking through in perverse forms until real freedom with the acceptance of the responsibility entailed in freedom is allowed to establish itself in individual human structure and community life.

GLADYS MEYER



---

EXCERPTS FROM  
A. S. NEILL'S "THAT DREADFUL  
SCHOOL" \*

---

SELF-GOVERNMENT

When we founded the school we resolved to have no government from above, and self-government was, as it were, forced on the children. Much has been said and written about the iniquity of "forcing" self-government on children. Some time ago at a meeting of progressive school teachers in London the theme was self-government. Two teachers from progressive schools got up and each told the same tale—that they had given their children self-government, and in three weeks the children came and beseeched them to bring back the old way of benevolent adult authority. Currie of Dartington Hall sat by me.

"For God's sake, Neill," he said impatiently, "get up and tell them what self-government is. You are the only man in the room who has had it for years."

I declined. "What's the good?" I said wearily. "They don't want to believe that self-government can succeed."

The school that has no self-government should not be called a progressive school at all. It is a compromise school. You cannot have progression unless children feel completely free to govern their own social life. When there is a boss, freedom is not there, and this applies more to the benevolent boss than to the disciplinarian. The child of spirit can rebel against the hard boss, but the soft boss merely makes him impotently soft himself.

Is it worth while giving the arguments for self-government? I wonder if it is. All that it is necessary to say is that one weekly general meeting is, in my opinion, of more value than a week's curriculum of school subjects. The educational value

of practical civics cannot be over-emphasized. The child realizes the value of self-government and in Summerhill the pupils would fight to the death for their right to govern themselves.

Our system of self-government has gone through various phases and changes. When we had six pupils it was a kind of family affair. If Derrick punched Inge she would call a meeting and we would all sit round and give our opinions. We had no jury system; the verdict and sentence were given by show of hands. As the school grew bigger this family method gradually changed, and the first change was the election of a chairman. Following that came trial by jury, a jury elected on the spot by the chairman. The culprit had the right of challenging any member of the jury, but this seldom happened; only occasionally would one hear the protest: "I won't have Bill on the jury, for he's a pal of Pat's (Pat being the plaintiff who got punched)."

During the last year or two we have had another form of government. At the beginning of each term a government of five is elected by vote. This sort of cabinet deals with all cases of charges and acts as a jury, giving punishment. The cases are read out at the general Saturday night meeting, and the verdicts are announced. Here is a typical example of such a procedure:

Jim has taken the pedals from Jack's cycle because his own cycle is a dud and he wants to go away with some others for a week-end hike. The government after due consideration of the evidence announces that Jim has to replace the pedals and be forbidden to go on the hike. The chairman says: "Any objections?"

Jim gets up and shouts that there jolly well are (only his adjective isn't exactly "jolly").

---

\* *Editor's note:* This continues the excerpts begun in vol. 3, 1944, 220ff.



"This isn't fair," he cries. "I didn't know that Jack ever used his old crock of a grid; it has been kicking about among the bushes for days. I don't mind shoving his pedals back but I think the punishment unfair. I don't want to have the hike cut out."

Follows a breezy discussion. In this it transpires that Jim should have a weekly allowance from home, but it hasn't come for six weeks and he hasn't a bean. The meeting votes that the sentence be squashed and it is duly squashed. But what to do about Jim? Finally it is decided to open a subscription fund to put Jim's bike in order . . . and he sets off on his hike happily.

Usually the government's verdict is accepted both by the culprit and the community. On appeal I cannot remember a government sentence being increased. The ordinary procedure on an appeal is for the chairman (nearly always a pupil) to elect a jury to decide the appeal, and in the case of Jim and the bike the jury had disagreed and had left the decision to the general vote.

Certain classes of offenses come under the automatic fine rule. If you ride another's cycle without permission there is an automatic fine of sixpence. Swearing down town (but you can swear as much as you like in the school grounds), bad behavior in the cinema, climbing on roofs, throwing food in the dining room, these and others are automatic fine rules. Punishments are nearly always fines . . . half a pocket money or miss a cinema. When, recently, Paxton Chadwick (Chad) was tried for riding Ginger's bike without permission, he and two other members of the staff, who had also ridden it, were ordered to push each other on Ginger's bike ten times round the front lawn. Four small boys who climbed the ladder of the builders erecting the new workshop were ordered to climb up and down the ladder for ten minutes on end. A jury never seeks

advice from an adult, well, I can remember only one occasion when it was done. Three girls had raided the kitchen larder. The government fined them their pocket money. They raided the larder again that night, and the jury fined them a cinema. They raided it once more, and the government was gravelled what to do. The foreman consulted me.

"Give them tuppence reward each," I suggested.

"What? Why, man, you'll have the whole school raiding the larder if we do that."

"You won't," I said. "Try it."

They tried it. Two of the girls refused to take the money, and all three were heard to declare that they would never raid the larder again . . . they didn't for about two months all the same.

If I am giving the impression that our self-government is only a police court I am giving the wrong impression. It sometimes happens that no one has broken a law during the week. The function of the government is to make all laws and to discuss social features of the community. At the beginning of each term bedtime rules are made by vote . . . you go to bed according to your age. Then questions of general behavior come up. Sports committees have to be elected, end of term dance committee, the theatre committee, bedtime officers, down town officers (who report any disgraceful behavior out of the school boundary). The most exciting subject ever brought up is that of food. I have more than once wakened up a dull meeting by proposing that second helpings should be abolished. Any sign of kitchen favoritism in the matter of food is severely handled, but when the kitchen brings up the question of food wastage the meeting is not much interested. Children's attitude to food is essentially a personal and self-centered one. Incidentally I remark that Summerhill food is excellent. All visitors praise it, and the children are mostly un-



conscious of it, which is as it should be. Good feeding should come before everything else in a school. No school should require the tuck box system, and when children are well fed the sweets they buy with their pocket money do no harm. Children like sweets because their bodies crave for sugar, and sugar they should have.

In our government meetings all academic discussions are eschewed; children are eminently practical, and theory bores them. They are concrete and not abstract. I once brought forward a motion that swearing should be abolished by law, and gave my reasons . . . I had been showing a prospective parent round with her little boy. Suddenly from upstairs came a very strong adjective; the mother hastily gathered her son to her and went off in a hurry.

"Why," I asked in the general meeting, "should my income suffer because some fathead swears in front of a prospective parent? It isn't a moral question at all; it is purely financial. You swear and I lose a pupil."

My question was answered by a lad of fourteen.

"Neill is talking rot," he said. "Obviously if this woman was shocked she didn't believe in Summerhill, and even if she had sent her boy, the first time he came home saying Bloody or Hell she would have taken him away."

The meeting agreed with him, and voted my proposal down. But the swearing business is always cropping up, for it is indeed a matter of moment, so much so that I shall devote a chapter to it later.

The general meeting often has to tackle the problem of bullying. Bullying is not so rife in Summerhill as in strict schools, and the reason for that is not far to seek. Under adult discipline the child becomes a hater, and as he cannot express his hate of adults with impunity, he takes it out of smaller or weaker boys. This element is

absent from Summerhill, and practically every case of bullying is a family one. That is if Peter has a younger brother at home who is the favorite (or the imagined favorite) of Daddy or Mummy, Peter will unconsciously bully the younger boys in the school. But again the only child will bully. At present we have a girl of ten who has come straight from a convent (where she could only take a bath if she had a cloak to hide her nakedness). She bullies the others badly, for she is full of hate and insincerity. We have boys and girls who are really nice kids, but they bully in the process of finding their power outlet. Very often a charge of bullying when investigated by a jury amounts to this, that Jenny called Peggy a lunatic. Juries are pretty hard on bullies, and I notice that the present government has underlined its bullying rule on the notice board . . . All cases of bullying will be severely dealt with.

It is a fact that any child who persistently complains of being bullied is always a bully. Sadism and masochism are closely allied, and the bullied child always gets some sort of pleasurable satisfaction in being the victim.

Sometimes a case of stealing is brought up. There is seldom any punishment for this, but there is always reparation. Often the government will come to me and say: "John pinched a bob from David. Is this a case of psychology or shall we bring it up?" If I consider it a case for psychology I tell them to leave it to me, and I give John a few Private Lessons, known as P.Ls. Later I shall describe these P.Ls.

If John is a happy, normal boy who has done what we have all done—pinched a bob—I leave the government to charge him, and all that happens is that he is docked of his pocket money until the debt is paid. No culprit ever shows any signs of defiance or hate of the authority of his peers. I am always surprised at the docility they show when punished. This



term four of the biggest boys were charged with doing an illegal thing—selling articles from their wardrobes in the town. The law was made on the grounds that it is unfair to the parents who buy the clothes and also unfair to the school, because when kids go home with things missing the parents blame the school for carelessness. The four boys were punished by being kept in the grounds for four days and by being sent to bed at eight each night. They accepted the verdict without a murmur. On the Monday night when everyone had gone to the town cinema I found Dick in bed reading.

"You are a chump," I said. "The government has all gone to the cinema. Why don't you get up?"

"Don't try to be funny," he said.

This loyalty to their own democracy is an amazing thing. It has no fear in it and no resentment. I have seen a boy go through a long trial for some antisocial act; I have seen him sentenced . . . and then the next case would come on. The chairman elects a new jury for each trial, and as often as not the boy who has just been sentenced is elected as a jurymen. The sense of justice that children have has never ceased to make me marvel. And their administrative ability is great. As an education self-government is something of infinite value. I have often heard sensible speeches from children who could not read nor write. They do not become prigs either, and any sign of priggishness is frowned upon by the community. One boy of eleven, a strong exhibitionist, gets up and draws attention to himself by making long involved remarks of obvious irrelevancy. At least he tries to, but the meeting shouts him down. The young have a sensitive nose for insincerity.

One of the drawbacks in self-government is that popularity too often pushes aside ability. At the beginning of each term Bert is always elected as a member of the government, simply because he is

a general favorite. But Bert has not outlived his antisocial component and is more interested in breaking than in making laws. So that regularly each term Bert is accused of being hopeless as a government member and by general vote he is thrown out. Joe, a quiet capable lad of seventeen, an excellent social member, fails to be elected because he is not popular. Sometimes a motion is brought forward that only citizens over twelve should be allowed to vote in a government election, on the ground that the small children have no ideas on ability and merely vote emotionally. It has never been carried, and the vote of a seven-year-old has the same value as my vote has.

In our scheme of self-government there is a peculiar dictatorship element. This is a body known as the Big Five . . . five elder pupils. Their function is the guardianship of the school reputation outside the school. Any crime taking place outside the school grounds comes before the Five. When two girls took money from the pockets of a visiting hockey team they were tried by the Five. The Big Five has unlimited power, even that of expulsion, a power they have never wanted to use, but one which makes it a thing to respect, for expulsion from Summerhill would be to any child an unspeakable tragedy.

I have expelled pupils myself, that is I have arranged that children should leave, taking care that a proper place was found for them beforehand. In the very few cases in which this has happened my action was prompted by the knowledge that the child in question was a danger or a nuisance to others. That is a difficulty that every teacher is up against: shall I sacrifice twenty children for one? Lucy came from a convent at the age of thirteen. She hated everyone, and bullied her room mates. When at last two girls told me that they didn't want to come back next term because of Lucy I got her mother to send her to a dance school in London. John,



aged fourteen, turned out to be an incurable bully. He would hit a small child in the eye just for fun. I had to send him away. Ned, a boy we had had for years, could not live through his gangster stage, so we sent him to Texas, where he lived with the cowboys for over a year. He now has come back to us with his gangster stage behind him. How I wish that Texas were nearer! In each of these cases the general meetings had again and again complained of the presence of these children in the school. I confess to a feeling of failure in such cases, for previously I have scoffed at schools which solved their own problems by expelling undesirable elements, doing nothing to help the ones expelled. It is some consolation to feel that in each case we have seen to it that the child was not sent back to harsh discipline and moral lectures. And in each case we have done it only after making a brave attempt to help the individual by psychological means. All children are not to be helped by analysis. Some of them won't have it, and they don't see why they should. When an adult goes to a psychoanalyst he feels that he wants to be cured, but if a wild girl is sent to me from a convent she has no desire to be cured, and without the cooperation of the patient every psychologist knows that there is nothing to be done. I find that between the ages of eight and eighteen children do not want analysis, and if one forces it on them the result is nil, for the child simply withdraws into itself and sits silently through the lessons.

Yet children in what I call the latent period will react to social analysis if the environment is one of complete personal freedom. After all Summerhill means personal freedom to be what you like, so long as in being what you like you do not interfere with the freedom of others . . . which is about all that you can demand of anyone. But this means that your neighbors must have a reasonable standard of living.

A Summerhill child would feel cramped in being himself if he lived in a community that thought the word damn was sinful or that stealing was immoral. You can only be free when you live among others who have the same idea of freedom as you have. An example of that is that of the Public School boy who came to us when seventeen. A week after his arrival he chummed up with the men who fill coal carts at the station, and he began to help them in their loading. He came in to meals with his face and hands all black, but no one said a word. No one cared. It took him a good few weeks to live down his Public School and home idea of cleanliness. When he gave up his coal-heaving he once more became clean in person and dress, but with a difference: cleanliness was no longer something forced on him; his dirt complex had lived itself out. So on a hot day boys and staff will sit at lunch shirtless. No one minds. Summerhill relegates minor things to their proper place—indifference, but this morning crossing the Line I walked into the dining room for breakfast without my jacket, and the chief steward very quickly informed me that that was not allowed. If Summerhill went to sea I guess that it wouldn't dine in stiff hot evening shirts as we have to do on this ship, nor would anyone worry if you came to lunch in bathing trunks.

It is the broad outlook that free children acquire that makes self-government so important. Their laws deal with essentials, not appearances (saving the down town laws which are the compromise with a less free civilization). "Down town," that is the outside world, wastes its precious energy in worrying over trifles . . . as if it matters in the scheme of life whether you wear dress clothes or say Hell. Summerhill, by getting away from the outward nothings of life, can have and really has a community spirit that is in advance of its time. True, it is apt to call a spade a bloody



shovel, but any navvy will tell you with truth that a spade *is* a bloody shovel.

In this ship, crossing the equator for the first time, I see so much of what is unessential in life. Most of the passengers talk of what does not matter, and I think that few of them really are aware of life at all. To many passengers ship life is a lazy, flirtatious or restful holiday. Food is in plenty, and if the entertainment is on the childish side that is partly due to lack of space. Yes, life is pleasant. In the heat all you have to do is to cry: "Steward!" and an obliging youth in white comes at once with an iced drink. But when you are aware of things you see a ship as something different. The stewards appear to get up early and finish very late at night. They are all pasty-faced, for they seldom see the sun. Obviously they have a hard life on any ship. They are not always in white; they wash and scrub while the passengers sleep and dance. Yet most people take them for granted, possibly excusing their indifference by thinking that the end-of-the-voyage tip covers a multitude of services. To enter the dining-room without a jacket is in this life on ship an important shortcoming but to be unconscious of stewards is the thing to do apparently.

Summerhill has its maids, and they work long and hard, and perhaps I ought to begin my reforms at home, but Summerhill maids are not considered inferiors. They dance with us, and our bigger lads take them to dances in the town. They are not asked for deference and respect for employers (Ivy always addresses me as "Neill") and they all appear to be happy in their work. Work is necessary, whereas the frills of service, the bowing and scraping are not only unessential but degrading. Stewards look as if they hated their job, and I heard of one recently, who, rather than wash up his plates and cups, threw a thousand of them through a porthole.

Summerhill has its insoluble problem of

its middle-class population, yet the future of the world is obviously one of socialism of some kind . . . and in the creative society of the future sincerity and a standard of values will count for much. If all schools had real self-government—not the brand that makes the pupils do the dirty police work for the teachers—a new generation would face life with a high standard of public morality, and a scheme of values that eliminated the non-essentials.

I have failed to convey in words what self-government really is like. Every Saturday night at eight we have a full meeting. A chairman is elected on the spot, and the success of the meetings depends largely on whether the chairman is weak or strong, for to keep order among seventy vigorous children is no easy task. The chairman has power to fine noisy citizens, and under a weak chairman the fines run up too much. The staff takes a hand, of course, in the discussions, but as a rule I do not take part. In any "trial" I dare not take a part, for I must remain a neutral. In fact I have seen a lad charged with an offense and get away with it with a complete alibi, after telling me in his P.L. that he had done the deed. I must always be on the side of the individual. That leads on naturally to the next chapter.

#### BEING ON THE SIDE OF THE CHILD

Summerhill owes its psychology to the greatest child psychologist of our time, Homer Lane. I wrote my *DOMINIE'S LOG* in 1915, knowing nothing of psychology at all. It was a groping book: I felt that schooling was all wrong, but did not know how to put it right. I read the report of a lecture by Lane, and in 1917, when I was a cadet in the artillery school at Trowbridge, I made a week-end visit to the Little Commonwealth, in Dorset. I arrived in time to see a self-government meeting, and a breezy one it was. The Commonwealth was divided into houses,



and one house was attacking the other on its disorderliness, saying that the rest of the Commonwealth was kept awake late at nights by the unseemly noise coming from the unsocial house. I forgot how the meeting ended; all I remember is my surprise to see a company of delinquent children manage their social affairs so easily and cleverly. The meeting went on till eleven, and then Lane sat and talked to me until three in the morning. It was a new world that he opened up to me, and when next day Lane invited me to come and help when the war should be over, I was delighted. But by the time I was free to go back to civil life the Commonwealth had been closed, and I got a job in King Alfred School, in Hampstead. Luckily Lane had come to Town, and I not only went to every lecture he gave, but also became his patient for analysis.

Lane was a genius, and like all geniuses was erratic. He sometimes said wild things that could not be proved, and as an analyst he was often unsatisfactory because he was always moving on to something new. A dream would suddenly give him a new theory and he would spend the rest of the session expanding his new theory . . . fascinating but hardly the best analysis. Throughout his whole career, however, Lane never wavered from his belief that love alone could cure, and it was his conception of love that made him stand out as a great man. To Lane love was not a sentimental thing, not even an emotional thing: love to him was being on the side of a person, love was approval. His success with delinquents was due to his loving them. I used to think that children are not conscious of this kind of love, but I had a proof that they are. I had a youth sent to me, a real crook, who stole cleverly. A week after his arrival I had a telephone message from Liverpool. "This is Mr. X speaking (a well-known man in England) and I have a nephew at your

school. He has written me asking if he can come to Liverpool for a few days. Do you mind?"

"Not a bit," I answered, "but he has no money. Who will pay his fare? Better get into touch with his parents."

On the following afternoon the boy's mother rang me up saying that they had had a phone message from Uncle Dick, and so far as they were concerned he could go. They had looked up the fare, and it was 28s., and would I give Arthur £2 10s.?

Arthur had put through both calls from a local box and his imitation of an old uncle's voice was perfect. It was obvious that he had tricked me, for I had given him the £2 10s. before I was conscious of being done. I talked it over with my wife, and we both agreed that the wrong thing to do would be to demand the money back, for that was what had been happening to him for years. My wife suggested rewarding him, and I agreed. I went up to his bedroom late at night.

"You're in luck today," I said cheerfully.

"I jolly well am," he said.

"Yes, but you are in greater luck than you know," I said.

"What do you mean?"

"Oh, your mother has just telephoned again," I said easily. "She says she made a mistake about the fare: it isn't 28s., it is 38s. So she asked me if I'd give you another ten bob," and I carelessly threw a ten shilling note on his bed and departed before he could say anything.

He went off to Liverpool next morning, leaving a letter to be given to me after the train had gone. It began: "Dear Neill, I have discovered that you are a greater actor than I am." And for weeks he kept asking me why I had given him that ten shilling note. I said to him: "How did you feel when I gave it to you?"

He thought hard for a minute and then he said slowly: "You know, I got the biggest shock of my life. I said to myself:



Here is the first man in my life who has been on my side."

Here was a case of being conscious of the love that is approval, but I should think that usually consciousness is late in coming. In past days, when I had much to do with misfits and crooks, I again and again rewarded them for stealing, sometimes stole with them, but it was only after a few years when the child was cured that he or she had any realization of the fact that my approval had helped them.

Approval is just as necessary for normal children as for neurotics. The one commandment that every parent and teacher must obey is this: Thou shalt be on the child's side. The obeying of this commandment is the success of Summerhill, for we are definitely on the child's side, and the child knows it unconsciously. I do not say that we are a crowd of angels. There are times when we adults make a fuss, as I did over my potatoes. If I were painting a door and Robert came along and threw mud on my fresh paint I should swear at him heartily, because he is one of us and what I say to him does not matter. But suppose Robert had just come from a hateful school and his mud-slinging was an attempt to get his own back against authority, I would join in his mud-slinging because his salvation is more important than a door. It isn't easy. I have stood by and seen a boy treat my precious lathe badly; I knew that if I protested he would at once identify me with his stern father who threatened to beat him if he touched his tools. I confess that as I grow older I find it more difficult to approve of the spoilt child in everything he does. Maybe courage lessens. A few years ago we had a spoilt boy of ten who had ruled his home by threatening to jump from a window if he did not get his own way. One day his sister came to me in terror: "Frank says he'll jump from his bedroom window if I don't give him sixpence,"

she cried, "and I don't have sixpence."

I went upstairs and found Frank poised on his window sill.

"I'm going to jump," he said tensely and glared at me.

"I know," I said. "That's why I came up. I want to see it. Go on, jump."

He looked at me and his look said: "You dirty dog, you see through me."

But I was not courageous there, for I knew that Frank was bluffing. The strange thing is that you can be on the child's side even though you may sometimes swear at him. If your life is on the side of the child's life the child realizes it, and any minor disagreement you may have about potatoes or scratched motor wings does not disturb the fundamental relationship. It works negatively rather than positively. When you treat a child without bringing in authority and morality the child feels that you are on his side, because in his previous life authority and morality were policemen who restricted his activities. And children deal much with negatives. When a girl of eight passes me and says in passing: "Neill is a silly fool," I know that that is her negative way of expressing her love. Children do not love so much as want to be loved, and adult approval means love to every child, whereas disapproval means hate. Just before I sailed last week I overheard a boy of sixteen say: "The school will be queer without Neill. Gosh, if the head in my last school had gone off to South Africa wouldn't we have had a bingle!"

The attitude of the children to all the staff is similar to their attitude to me. They feel that the staff is on their side all the time.

The most frequent remark that visitors make is that they cannot make out who is staff and who is pupil. It is so true: the feeling of unity is so strong when children are approved of. Thus there is no deference to staff as staff. Staff and pupils have the same food and both have to obey the



community laws. The children would resent any special privileges given to the staff, and when I used to give the staff a talk on psychology every week, there was a muttering that it wasn't fair. I changed the plan and made the talks open to all over twelve, and every Tuesday night my room is filled with eager young folks who not only listen but give their opinions freely. When I saw that among the subjects the children have asked me to talk about were *The Inferiority Complex*, *The Psychology of Pinching*, *The Psychology of the Gangster*, *The Psychology of Humor*, *Why did man become a moralist?* *Masturbation*, *Crowd Psychology* . . . it is obvious that such children will go out into life with a broad clear knowledge of themselves and others. When you approve of children you can talk to them about anything and everything, for approval will make any inhibitions fly away. But the question arises: Is it possible to approve of children if you do not approve of yourself? And the further question arises: Is it possible for any man to approve of himself? It depends largely on what Dr. J. C. Young calls awareness. If you are aware of yourself you can approve of yourself, or in other words the more conscious you are of yourself and your motives the more likely you are to be an approver of yourself. Our self-disapproval comes mainly from infancy, and a large part of it originates from the conscience about masturbation. The unhappy child is one who has too big a conscience about masturbation, and the taking away of this conscience is the greatest step to advance.

The happiness and verve of Summerhill children is largely due to their having got over their guilty conscience about masturbation and sex. They are led to approve of their bodies, and to have no sense of shame about sex. In our open discussion on masturbation boys and girls asked questions on masturbation quite openly

without any embarrassment. One boy who has not outlived the smutty side his prep-school gave him, tried to be pornographic, but the others shut him up, not because he was being pornographic but merely because he was sidetracking an interesting talk. All children are pornographic either openly or more often secretly, but the least pornographic are those who have no moral taboos about sex in their infancy and early childhood. For that matter adults are pornographic too, especially men. It is a fallacy that women are more pure-minded than men . . . what is purity anyway? . . . but in the main a man's club or bar or canteen is much more likely to be pornographic than a woman's Rural Institute. Pornography is directly proportionate to sex repressions, and I am sure that later on our pupils will be less inclined to pornography than the children brought up under hush hush methods. As Derrick said to me when he came back on vacation from the university: "Summerhill spoils you in one way . . . you find chaps of your own age too dull. They talk about things I grew out of years ago."

"Sex stories?" I asked.

"Yes, more or less. I like a good sex story myself, but the ones they tell are crude and pointless. But it isn't only sex; other things too. Psychology, politics . . . I don't know, but I find myself tending to chum up with chaps ten years older than myself."

I have more than once mentioned the sincerity of free children. This sincerity is the result of their being approved of. They have no artificial standard of behavior to live up to, no taboos to restrain them: they have no necessity to live a life that is a lie. But under adult discipline a child must live a lying life, for the mainspring of discipline is fear of censure or punishment. Punishment from their fellows does not involve fear, but when an adult punishes fear comes automatically, for the adult is big and strong and awe-inspiring



and, most important of all, a symbol of the feared father or mother.

On Sunday nights I tell the younger children a story about their own adventures. I have done it for fifteen years, and the strain on the imagination is great. I have taken them to Darkest Africa, under the sea, over the clouds, to heaven, to hell. Some weeks ago I made myself die and Summerhill was taken over by a strict man called Muggins. He made lesson-going compulsory, and if you said Dash you got caned. I pictured how they all meekly obeyed his orders, and those three to eight year olds got furious with me.

"We didn't. We all ran away. We killed him with a hammer. Think we would stand a man like that?"

In the end I found I could only satisfy them by coming to life again and kicking Mr. Muggins out of the front door. These were mostly children who had never known a strict school, and their reaction of fury was spontaneous and natural. A world in which the master was not on their side was an appalling one for them to think of, not only because of their experience of Summerhill but also because of their experience of home, where Mummy and Daddy are on their side also (if they weren't they would send their children elsewhere).

#### THE PRIVATE LESSONS

I never teach. My main work is giving Private Lessons. Most of the children do not require psychological attention, but there are always a proportion just come from other schools, and the P.Ls. are intended to hasten their adaptation to freedom. If a child is all tied up inside he cannot adapt himself to being free. Hence I have a timetable.

The P.Ls. are informal talks by the fireside: I sit with my pipe in my mouth and the child can smoke if he or she likes. The cigarette is often an easy means of breaking the ice. When a big boy came

from a Public School and I asked him to come and have a chat with me, I noticed that his fingers were yellow with nicotine. I took out my cigarette packet and offered it to him.

"Thanks," he stuttered, "but I don't smoke, sir."

"Take one, you bloody liar," I said with a smile, and he took one.

Here I was killing two birds with one stone. Here was a boy to whom headmasters were stern moral disciplinarians to be cheated every time. By offering him a cigarette I was showing that I approved of his smoking. By calling him a bloody liar I was showing him that I could meet him on his own level, and at the same time attacking his authority complex by showing that a headmaster could swear easily and cheerfully. I wish I could have photographed his facial expression during that first interview. He had been expelled for stealing.

"I hear you are a bit of a crook," I said. "What's your best way of swindling the railway company?"

"I never tried to swindle it, sir."

"Oh," I said, "this won't do. You must have a try. I know lots of methods," and I told him a few. His mouth gaped. This surely was Bedlam he had come to. The Head telling him how to be a better crook? Years later he told me that that interview was the biggest shock of his life.

But now that problem children are nearly eliminated it may be asked what necessity there is for P.Ls. What kind of kids need them? The best answer will be a few illustrations.

Lucy, the infant mistress, comes to me and says that Peggy seems very unhappy and antisocial. I say: "Righto, tell her to come and have a P.L." Peggy comes over to my sitting room.

"I don't want a P.L.," she says as she sits down. "They are just silly."

"Absolutely," I agree. "Waste of time. We won't have one."



She considers this. "Well," she says slowly, "I don't mind a tiny wee one." By this time she has placed herself on my knee. I ask about her Daddy and Mummy and especially about her little brother, who is a very silly little ass.

"He must be," I agree. "Do you think that Mummy likes him better than she likes you?"

"She likes us both the same," she says quickly, and adds: "She says that anyway." Sometimes the fit of unhappiness has arisen from a quarrel with another child, but more often it is a letter from home that has caused the trouble, a letter perhaps saying that her brother or sister has got a new doll or bike. The end of the P.L. generally is that Peggy goes out quite happily.

With newcomers it is not so easy. When we get a child of eleven who has been told that babies are brought by the doctor it takes some hard work to free the child from lies and fears. For naturally such a child has a guilt sense toward masturbation, and that sense of guilt must be destroyed if the child is to find happiness.

Among young children I find bed-wetting the most difficult problem of all. I have had but little success in curing it. When it is a case of repressed masturbation (the wetting being masturbation in sleep and therefore guiltless) it is easy, but I have found bed-wetting among children who have never had repressions about sex at all. Fundamentally it is a regression to infancy; the motive is to be a baby again and be tended by mother. The cure should result from letting the child have its motive fulfilled, but in a school it is impossible to do this, even if the mother substitutes there are willing to help. In general the cure for any habit is the living out of it, and it is wrong to try to force a child to grow up. All punishment and talks make bed-wetting more fixed than ever. Hard as it is, we must approve of the wetting if we are to help

the child, only our approval will not cure so swiftly as the approval of Mummy.

Some years ago we had a small boy sent to us because he messed his trousers all day long. His mother had thrashed him for it, and in desperation had finally made him eat his feces. You can imagine the problem we had to face. I have a vague idea that I mentioned this lad in an earlier book. Briefly his case was that of a boy with a younger brother. The messing began with the birth of the brother, and the motive was apparently: "He has taken Mummy's love from me; if I am like him and mess my trousers like he messes his nappies, Mummy will love me too."

I gave him P.Ls. and showed him what his motive was, but it is only in textbooks of psychology that cures are sudden and dramatic. For over a year that boy messed himself three times daily. No one said a bitter word to him, and Mrs. Corkhill, the nurse then, did all the cleaning without one word of reproach . . . but she did protest when I began to reward him every time he did a really big mess. During all this period the boy was a hateful little devil . . . no wonder! He stayed with us for three years, a nice lovable lad, absolutely clean after his cure. His mother took him away on the ground that she wanted a school where he would learn something. He came back to see us after a year at such a school, came back a changed lad—insincere, afraid, unhappy. He said he would never forgive his mother for taking him away from Summerhill, and he never will. Strangely enough, he is about the only case of trouser messing we have had in fifteen years. I am sure that every case is one of hate against the mother for starving of love.

Nowadays I never have to deal with extreme cases like this. No small child requires regular P.Ls., and the ideal circumstances are where a child demands a P.L. Some of the older ones do. There was Charlie, aged sixteen, who felt very



much inferior to lads of his own age. I asked him when he felt most inferior, and he said when they were bathing, because his penis was much smaller than theirs. I explained to him how this arose. He was the youngest child in a family of six sisters, all much older than himself; there was a gulf of ten years between him and his youngest sister. The household was a feminine one (the father was dead) and the big sisters got all the jam and did all the bossing. Hence he identified himself with the feminine in life so that he, too, could have power.

After about ten P.Ls. Charlie stopped coming to me. I asked him why. "Don't need P.Ls. now," he said cheerfully, "my tool is as big as Bert's now."

But there was more in the short analysis than that, for he had been told that masturbation would make him impotent when he was a man, and his fear (and desire) for impotency had affected the physical. So that his cure was also due to the destruction of his guilt complex and the counteraction of the silly lie about impotency. Charlie left the school a year or two ago and is now a fine, healthy, happy youth who will get on in life.

Then there is the case of Sylvia, not really a sex case at all. Sylvia has a stern father who never praises her, who, on the contrary, criticizes and nags her all day long. Her one desire in life is to get father's love, and she sits in my room and weeps bitterly while she tells her story. Hers is a difficult case to help, for all the analysis of the daughter will not change the father. I see no solution until she is old enough to get away from home, and I have warned her that there is a danger that she may marry the wrong man merely to escape from the father.

"What sort of wrong man?" she asked.

"A man like your father, one who will treat you sadistically," I said. This is a sad case. With us Sylvia is a social, friendly girl who offends no one, and at home she

is said to be a devil. Obviously it is the father who needs analysis, not the daughter.

Another insoluble case is that of little Florence. She is illegitimate and doesn't know it. My experience is that every illegitimate child knows unconsciously that it is illegitimate, and Florence assuredly knows that there is some mystery behind her. I have told the mother that the only cure for her daughter's hate and unhappiness is to tell her the truth.

"But, Neill, I daren't. I don't care a damn myself, but if I tell her she won't keep it to herself, and my mother will cut her out of her will."

Well, well, we'll just have to wait till the old lady dies I am afraid. You can do nothing if a vital truth has to be kept dark.

Child analysis is extremely difficult during the latent period. An old boy of twenty came back to stay with us for a time, and he asked me for a few P.Ls.

"But I gave you dozens when you were here," I said. "I know," he said sadly, "dozens that I didn't want, but now I feel I want them."

Nowadays I give up any analysis or shall I call it re-education if there is a resistance against it. With the average child when you have cleared up the birth and masturbation question and shown how the family situation has made hates and jealousies, there is nothing more to be done . . . Curing a neurosis in a child is a matter of the release of emotion, and what release of emotion any child or adult can get out of being told that he has a Birth Trauma complex or a mother-castration wish I cannot discover. I recall a boy of fifteen I tried to analyze. For weeks he sat silent, answering only in monosyllables. I decided to be drastic, and at his next P.L. I said to him: "I'm going to tell you what I think of you this morning. You're a lazy, stupid, conceited, spiteful fool."

"Am I?" he said red with anger. "Who



do you think you are anyway?" From that moment he talked easily and usefully.

One of the most charming analyses was that of George, a boy of eleven. His father was a small tradesman in a village near Glasgow. The boy was sent to me by a Glasgow doctor. His neurosis was one of intense fear. He feared to be away from home, even at the village school, and he screamed in terror when he had to leave home. With great difficulty his father got him to come to Summerhill: he wept and clung to his father so that the father could not return home. I advised him to stay for a few days. I had already had the case history from the doctor, and the doctor's comments were in my estimation correct and most useful. The question of getting the father to go home was becoming an acute one. I tried to talk to George, but he wept and sobbed that he wanted to go home. "This is just a prison," he sobbed.

I went on talking and ignored his tears. "When you were four," I said, "your little brother was taken to the infirmary and they brought him back in a coffin. (Increased sobbing.) Your fear of leaving home is that the same thing will happen to you . . . you'll go home in a coffin. (Louder sobs.) But that's not the main point, George, me lad: you killed your brother."

Here he protested violently, and threatened to kick me. "You didn't really kill him, George, but you thought that he got more love from your mother than you got, and you sometimes wished he would die, and when he did die you had a terrible guilty conscience because you thought that your wishes had killed him, and that God would kill you if you went away from home as punishment for your guilt."

His sobbing ceased, and next day, although he made a scene at the station, he let his father go home. George did not get over his homesickness for some time, but the sequel was that in eighteen

months he insisted on travelling home for the vacation alone, crossing London from station to station alone, and he did the same on his way back to school. He was one of the nicest lads I have known, bright and intelligent. After two years he came to me.

"I'll be leaving at the end of this term," he said.

"But why?"

"I must. I like Summerhill a lot, but my folks are not very well off and it'll be cheaper to stay with them and go to Greenock Academy (but it wasn't Greenock). Anyway I'm cured now and I don't need Summerhill."

We were all very sorry to lose him, and when, three weeks ago, the father sent us a local paper showing that George was in the prize list of his Academy, we were all happy about it.

More and more I come to the conclusion that analysis is not necessary when children can live out their complexes in freedom, yet I see that in a case like that of George freedom would not be enough. In the past I have analyzed young thieves who refused to come to P.Ls., and in three years they were cured also. I have puzzled much about this business of curing. . . . In the case of Summerhill I say it is love that cures, approval, freedom to be true to self. Of our seventy children only a small fraction has P.Ls., and when I return from my lecture tour in South Africa I hope to reduce the list of P.Ls. drastically, and spend some time working with the children in handwork and dramatics and dancing.

Here I take up a question that is often put to me: "But isn't Summerhill a one man show? Could it do without your P.Ls.? Could it carry on without you?"

Summerhill is by no means a one man show. My wife is just as important as I am, and her reaction to children is as psychological as my own. In the day by day working of the school she is much



more important than I am, and much more efficient in handling business affairs and parents and correspondence. Still she and I are important, for it is our idea of non-interference that has made the school. But the staff, although it does not handle psychology, has a psychological attitude to the children, that is, like my wife and myself, they know *what not to do* . . . which is less dangerous than knowing what to do. I know I could leave the school for a year feeling that the staff would carry on in the right way . . . I have nothing but praise for our staff. In most schools where I have taught the staffroom was a little hell of intrigue and hate and jealousy. Our staffroom is a happy place . . . but it is so difficult to keep the kids out . . . and the spites so often seen are absent. That is because under freedom the adults acquire the same happiness and goodwill that the pupils acquire. Sometimes a new member of the staff will react to freedom very much in the same way as children react: he may go unshaved, stay abed too long mornings, even break school laws. Luckily the living out of complexes takes a much shorter time with adults than it takes with children.

I find hardly any fear of thunder among our small children: they will sleep out in small tents through the most violent of storms (the government makes a law that all tents must be far away from trees and wire fences). Nor do I find much fear of the dark. Sometimes a boy of eight will pitch his tent right at the far end of the field, and he will sleep there alone for nights. Freedom encourages fearlessness, and I have often seen weedy, timid little chaps grow into sturdy,

fearless youths, but to generalize would be wrong, for there are introverted children who never become brave. Some folks keep their ghosts for life. And the chief difficulty in dealing with ghosts is our ignorance of prenatal conditions, for no one knows if a pregnant mother can convey her own fears to her unborn child. If a child has been brought up without fear, and in spite of that still has fears, then it is possible that he has brought his fears with him. On the other hand, a child must acquire fears from the world around it. Today even small children cannot help hearing about Abyssinia and poison gas and coming wars with their bombs. Fear must be associated with such things, but if there is no unconscious fear of sex and hell to add to the reality fear of gas and bombs, the fear of these will be a normal one, not a phobia. A phobia is a fear of a symbol. Fear of a lion is genuine fear; fear of a house spider is a phobia.

I only give P.Ls. for emotional purposes. If a child is unhappy, I give him a P.L., but if he can't learn to read or hates mathematics I do not try to cure him, because reading and counting are of so little moment in life. Sometimes in the course of a P.L. it comes out that the inability to learn to read dates from Mummy's constant promptings to be "a nice, clever boy like your brother," or the hatred of maths. comes from dislike of a previous maths. teacher. Maths., however, have a complicated psychology, and the symbols get mysteriously linked up with sex symbols just as numbers do. I have seen the lifting of the masturbation guilt destroy the anti-maths. complex.

[To be continued]



# THE DISCOVERY OF THE ORGONE

VOL. I

## THE FUNCTION OF THE ORGASM

SEX-ECONOMIC PROBLEMS OF BIOLOGICAL ENERGY

*By* WILHELM REICH

Price, \$3.00

Published 1942

---

## THE SEXUAL REVOLUTION

TOWARD A SELF-GOVERNING CHARACTER STRUCTURE

*By* WILHELM REICH

Price, \$3.25

Published 1945

---

## CHARACTER-ANALYSIS

PRINCIPLES AND TECHNIQUE. FOR PSYCHOANALYSTS IN  
PRACTICE AND IN TRAINING

*By* WILHELM REICH

Price, \$4.50

Published 1945

---

ORGONE INSTITUTE PRESS

400 EAST 57TH STREET

New York 22, N. Y.



# CONTENTS

## ARTICLES

Anorgonia in the Carcinomatous Shrinking

Biopathy

*Wilhelm Reich M.D.* 1

Some Mechanisms of the Emotional Plague

*Wilhelm Reich M.D.* 34

Coeducation and Sex

*A. S. Neill* 54

A Case History

*Felicia Saxe* 59

Adolescence: A Problem in Sex-Economy

*Alexander Lowen* 72

## FROM THE ORGONE INSTITUTE

Outline of the present activities of the Orgone Institute

96

## NOTES

"Cold Facts"

100

Sexuality Before the Law

100

"Free Love"

103

## REVIEW

Myrdal, Gunnar: An American Dilemma—The Negro Problem and

Modern Democracy

*Gladys Meyer* 105

EXCERPTS FROM A. S. NEILL'S "THAT DREADFUL SCHOOL" 115